General Surgery Housestaff Manual

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INTRODUCTION

A. INTRODUCTION TO THE SURGICAL RESIDENCY TRAINING

The RRC is charged with the responsibility of accrediting residency programs; general surgery residents graduating from accredited programs are certified by a separate organization, the American Board of Surgery. Upon successful application to the Board at the completion of training, the applicant may sit for Part I (Qualifying Examination), a written test encompassing the basic and clinical sciences of surgical practice. After passing Part I, the applicant is permitted to take Part II, the Certifying Examination, an oral test of the surgeon's ability to exercise sound judgment in various clinical situations.

A fundamental education principle of any general surgery program is to adequately prepare the resident for Board Certification. Simply passing the Boards is not sufficient. The goal of the University of Arizona College of Medicine's General Surgery program is to provide you with the best possible education and training for a career in general surgery or one of its disciplines. You have to actively participate in every aspect of the program, from the operating room to the classroom to derive the maximal benefit from your residency training. Self-instruction and motivation are the primary principles of adult education. You have been selected for this residency program primarily because the faculty believes that you can successfully fulfill the goals of the program.

B. GOVERNANCE of the RESIDENCY PROGRAM

The Program Director has ultimate authority and responsibility for all aspects of the residency program. However, the Program Director cannot be expected to perform all of these activities without considerable help from all of the faculty and residents. In general, the Program Director is responsible for the overall supervision of the academic responsibilities of the teaching faculty, maintenance of the academic milieu of the residency program, overall performance evaluation of each individual resident and each individual rotation, and the preparation of documents necessary to comply with accreditation.

The Residency Executive Committee meets monthly to manage short-term goals, address problems, and develop plans of corrective action. The overall direction of the residency, including promotion and retention decisions, allocation of clinical rotations, curriculum development and faculty and resident selection is overseen by the Residency Executive Committee.

Additionally, there is a Resident Committee, comprised of representatives of each class selected by their peers. This committee represents the residents at the Governance Committee meetings and brings resident concerns to the attention of the faculty and residency leadership. The Governance Committee meets three or four times yearly and consists of the Residency Executive Committee and the Resident Committee. This committee acts as an advisory committee to the Program Director.

General Surgery Program Director

The Program Director of the General Surgery Residency is appointed by the Chair of the Department of Surgery. The Program Director is a full-time faculty member practicing at the integrated institutions of the residency program. The Program Director is certified by the American Board of Surgery and is on the medical staff of one of the integrated institutions participating in the program.

The responsibilities of the Program Director include the following (adapted from RRC program requirements):

- Prepare written statements about the educational goals of the program with respect to knowledge, skills, and other attributes of the residents at each level of training.
- Prepare written statements about the expectations of the residents on each major rotation and/or other program assignments.
- Designate appropriate and qualified surgeons to positions of teaching faculty and provide adequate supervision for the teaching faculty to guarantee that each rotation will have an adequate academic environment.
- With the teaching faculty, select residents for appointment to the training program.
- Develop a schedule of resident assignments to fulfill educational needs of each resident throughout the duration of the training program.
- Monitor the educational activities of all rotations with respect to maintaining a balance between education and service obligations and assure that there is a prompt and reliable system for communication and interaction between residents and teaching faculty.
- Implement a fair but comprehensive evaluation system so that each resident understands his/her progress through the training program. Identify deficiencies in resident performance and outline a plan of correction for each deficiency.
- Ensure an adequate environment for the residents' overall needs on each rotation. This includes the appropriate availability of relaxation time and time out of the hospital. For each rotation, the Program Director must assure adequate resources for sleeping, relaxing, and studying for each resident assigned to that rotation.
- Provide complete and accurate program information and resident operative records to the Residency Review Committee so that appropriate assessments of the training program can be made.
- Develop and direct the core curriculum of the weekly didactic program of clinical and basic sciences, regularly scheduled conferences, such as Grand Rounds, and other organized teaching activities.
- Evaluate the results of the ABSITE in order to improve the curriculum and to counsel individual residents regarding performance.
- Work with all teaching faculty to improve the educational content of each rotation.
- Evaluate educational versus service responsibilities on the various rotations, and develop recommendations for improving the educational climate of those rotations.
- Semi-annually, review each resident's academic performance (including ABSITE results, quizzes, mini-in service scores, etc.) and recommend the appropriate academic status for each resident to the Residency Executive Committee.
- Periodically assess the quality of each rotation, based on resident evaluation and other criteria, and report those findings to the Residency Executive Committee and to the responsible service directors.

C. ROTATIONS

The RRC specifies in considerable detail what clinical experiences must be included in a general surgery residency program; the rotations in the five clinical years of our residency program conform to that “blueprint”. During the first two years of training, about half of the rotations are devoted to general surgery and its principal components (e.g. trauma, vascular surgery, etc.) with experience in surgical specialties and other specialties (e.g. anesthesia) constituting the other half. In the third, fourth and fifth years, about two-thirds of the time is spent on general surgical services; the other rotations include components of general surgery, such as transplant, pediatric, and vascular surgery.

EDUCATIONAL GOALS & RESIDENT RESPONSIBILITIES

The University of Arizona General Surgery Residency Program includes a preliminary track (one or two years of training) and a categorical track (five or more years of clinical training.) The program encompasses training in general surgery, its principal and additional components and related surgical specialties. The fundamental education goal of the training program is to provide a complete education in the basic and clinical science of general surgery, preparing the post-graduate for:

- the practice of clinical general surgery, and/or
- further specialty education and training, and/or
- a career in academic surgical investigation and teaching.

A. GLOBAL EDUCATIONAL GOALS

The ACGME has endorsed general competencies for all residents in the areas of: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, and systems-based practice as follows:

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

Medical Knowledge

Residents must demonstrate 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. Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

Practice-based Learning & Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information, and support their own education
- facilitate the learning of students and other health care professionals

Interpersonal & Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-based Practice

Residents must 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. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

B. PROGRAM-SPECIFIC EDUCATIONAL GOALS

1. To acquire a comprehensive knowledge base, clinical decision-making ability, and technical skills in the principal components of general surgery, which include:

   - the abdomen
   - the alimentary tract
   - the breast
   - critical care
   - the endocrine system
   - the head and neck
   - the skin and soft tissues
   - transplantation
   - trauma and emergency surgery
   - the vascular system

2. Acquire a broad experience in the additional components of general surgery, including acquisition of the appropriate knowledge bases, the development of specific technical skills, and an understanding of the principles of decision-making particular to the specialty.

   The additional components include:
   - anesthesiology
   - cardiothoracic surgery
   - endoscopy
   - neurologic surgery
   - orthopedic surgery
   - pediatric surgery
   - urologic surgery

3. To acquire the ability to quickly and effectively assess, stabilize, and manage (operatively or non-operatively, as appropriate) the patient with severe multiple injuries, regardless of the organ systems involved.

4. To demonstrate the intellectual curiosity and commitment required to participate fully in the didactic curriculum of the residency program and to develop personal, life-long habits of self-study and continuing education.

5. To develop professional habits consistent with sound, ethical medical practice, including:

   - effective interpersonal relationships with peers and other health professionals
   - a compassionate attitude toward patients, their families and friends
   - clarity and timeliness of written communication in the medical record and elsewhere

C. PGY SPECIFIC EDUCATIONAL OBJECTIVES

As the surgical residency program is seen primarily as an educational endeavor, certain educational objectives have been set for residents at each level of training. A brief description of the objectives follows.

All Residents

1. Spend at least two half days/week in an ambulatory setting as appropriate for the rotation. This experience will focus on providing pre- and postoperative care to the patient.

2. Maintain a log of operative procedures. This will be done electronically via the ACGME website http://www.acgme.org/. We will monitor the case logs on a quarterly basis. The ACGME Case Log Quota states the numbers of cases a resident should have logged at the end of a given training year as the following:

   - PGY 1 - 100 cases
   - PGY 2 - 250 cases
   - PGY 3 - 400 cases
   - PGY 4 - 600 cases
   - PGY 5 - 750 cases (150 in Chief year)

   If residents have not entered the expected number of cases (30 minimum/per quarter), operative privileges will be withheld, other clinical duties will continue until case logs are up to date. If the resident is up to date but has deficiencies compared with their peers in categories or index cases, then their rotations may be modified to correct the deficiencies.

3. Maintain a list of SICU experiences in a manner acceptable to the RRC and the American Board of Surgery (ABS).

4. Attend at least 70% of all didactic and education meetings conducted by the Program.

5. Read your mail, check email and empty your Housestaff mailbox on a weekly basis.

6. Log duty hours weekly.

Junior Residents (PGY 1 & PGY 2)

- Perform comprehensive history and physical assessment and share information with senior resident and/or attending.
- Use available information, in combination with the interpretation of basic laboratory and radiographic data, to develop a plan for the preoperative preparation of the patient and discuss with the senior resident and/or attending.
- Understand the basic pathophysiologic disease process and its surgical implications.
- Understand the decision-making process required of the surgeon and the principles on which the decisions are based.
- Understand the basics of the surgical procedures performed, including tubes placed, drains placed, lines placed, etc.
- With the aid of the senior resident and/or attending, develop a postoperative plan of care and surveillance. Anticipate problems particular to the patient or disease entity.
- Provide for the day-to-day care of patients on your service- write admission orders, organize tasks, obtain data, etc.
- Serve as instructor to medical students and supervise their assigned tasks along with the senior resident.
- Develop the interpersonal skills necessary for dealing with patients, nursing staff, fellow residents and attending staff.
- Master the principles of basic surgical biology as they influence care of the surgical patient.
- Accomplish the objectives stated for each rotation.
- Learn basic surgical skills under supervision: sterile technique, OR conduct, dressing changes, wound care, and basic surgical procedure.
- Successfully complete ACLS and ATLS programs.

Senior Residents (PGY 3 & PGY 4)

- Provide supervision of the junior resident in carrying out patient care responsibility to include:
    - Confirm and review pertinent history and physical findings with the junior resident.
    - Review subjective and objective evidence of patient progress or complications with the junior resident.
    - Review pertinent laboratory and imaging data with the junior resident.
    - Modify (as needed) patient care plan developed by the junior resident.

- Communicate details of patient progress or complications to attending surgeon timely.
- Master the sophistication of the pathophysiology of the patient's disease process.
- Master the elements of preoperative preparation of the surgical patient, especially in consideration of existing co-morbid factors.
- Understand the principles of the operative procedure including pertinent anatomy and technical considerations as well as decision-making processes.
- Develop with attending surgeon a postoperative plan of care considering co-morbid factors, basic disease process and conduct of operative procedure.
- Supervise the junior resident in the day-to-day execution of the care plan.
- Educate junior and senior medical students in basic surgical diseases, surgical biology and the conduct of pre, intra and postoperative care of the surgical patient.
- Refine interpersonal skills in dealing with patients, staff, fellow residents and attendings.

- Learn surgical techniques (under supervision of attending surgeon) specific to rotation.
- Become conversant with the published surgical literature.

Chief Residents (PGY 5)

- Provide supervision of the junior resident in carrying out patient care responsibilities for the patient chosen by the chief resident for care (patients with complex surgical problems).
- Communicate the details of patient progress or complications to attending.
- Understand at a sophisticated level the pathophysiology of the patient's disease processes.
- Perfect the elements of pre-operative preparation of the surgical patient, especially in consideration of existing co-morbid factors.
- Understand, in depth, the principles of the operative procedure including pertinent anatomy and technical consideration and the decision-making process.
- Develop with the attending physician a postoperative plan of care considering co-morbid factors, basic disease process, and the conduct of the procedure.
- Master the interpersonal skills in dealing with patients, staff, fellow residents, and attendings.
- Master the surgical technique (under supervision of attendings) specific to those patients with complex surgical problems.
- Function as consultant to junior and senior residents as needed.
- Function as educator of surgical house staff and medical students.
- Function as administrator of the junior and senior resident staff.

ORIENTATION TO THE CLINICAL SERVICES

A. Duty Hours & Call Schedule Policies

The purpose of the duty hour policy is to provide residents with a carefully planned, sound academic and clinical education that balances patient care, safety and resident wellbeing. The Program ensures that the learning objectives of the residency are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Duty Hours

- Duty hours are defined as all clinical and academic activities related to the residency program.
- Duty hours are limited to 80 hours/week, averaged over a four-week period, inclusive of all in-house call activities.
- Residents must be provided with 1 day (24-hour period) in 7 days free from all educational, clinical and administrative responsibilities, averaged over a four-week period, inclusive of call.
- There must be a duty-free interval of at least 10 hours prior to returning to duty.

On-Call Activities

- In-house call must occur no more frequently than every third night, averaged over a four-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities or transfer of patients.
- No new patients may be accepted after 24 continuous hours on duty.
- Residents may participate in procedures on patients previously scheduled for outpatient or A.M. admission surgery after 24 continuous hours on duty if doing so does not exceed 6 additional duty hours.
- Services with home-call will be carefully monitored for excessive sleep interruption to ensure adequate rest.
- Residents on home-call must have one day (24 hours) per week free of all clinical and educational duties.
- Residents on home-call who return to the hospital must count all hours spent at the hospital toward the total duty hours.

Oversight

- Continuous monitoring of duty hours will be required by each service.
- Oversight will ensure an appropriate balance between education and service.
- The Program Director will review all services on a monthly basis and report findings to the Residency Executive Committee.
- A service that is not in compliance with the duty hours policy will have the residents removed from the service until corrective action has been taken.

B. Resident Supervision

Operative Procedures

It is the policy of the Department of Surgery that an attending surgeon participates in all operative procedures performed, as well as supervises other aspects of each patient's care. This participation is important, not only in the context of patient care and administrative responsibility, but also in fulfilling the educational mission of the Department.

However, under appropriate circumstances, senior residents may benefit from the experience of assuming responsibilities for independently executing surgical procedures. The following conditions, however, MUST ALWAYS apply:

1. Every patient undergoing an operative procedure must have an assigned attending surgeon, identified by name in the medical record.

2. Only the responsible attending surgeon may empower a senior resident to proceed with an operative procedure in the attending's absence. However, the attending surgeon must remain available to respond in a timely fashion should assistance by the resident be requested.

3. Operating room personnel may, at any time, request verification of the attending's permission to proceed. Concerns regarding the appropriateness of that decision or the subsequent execution of the procedure are to be discussed with the attending surgeon, the Section Chief, or the Department Chair.

Invasive Procedures

The Attending surgeon also has responsibility for all invasive procedures performed upon his or her patients outside the operating room. These include, but are not limited to central line placement, pulmonary artery catheterization, arterial line placement, endotracheal intubation, etc. Most such procedures are performed either in the Intensive Care Unit or in the Emergency Department although on occasion these procedures are performed in other hospital units, e.g., surgical wards. Junior residents who are not 'privileged' to perform a given procedure must be supervised by a senior resident who is so privileged.

PGY II-V residents are privileged to perform invasive procedures after the satisfactory completion of the PGY II CCM rotation or the supervised completion of a minimal number of

cases (see below). For residents (PGY II-V) who have not met the criterion stated above, attending evaluation and documentation of the resident's competence in the procedures is required in order for the resident to be privileged.

Junior residents may also be privileged by the documented satisfactory performance, under supervision, of the following procedures in the numbers of cases indicated:

- Central line placement 10 Cases CPT code 36656
- Pulmonary artery catheterization 5 Cases CPT code 93503
- Arterial line insertion 10 Cases CPT code 36620
- Endotracheal intubation 10 Cases CPT code 31500
- Chest tube insertion 5 Cases CPT code 32551
- Ventilator management - CCM Rotation required, CPT code 94002 or 94003

Residents will log these CPT codes via the ACGME website http://www.acgme.org/. The resident is responsible for logging the procedures as well as providing proof that s/he has indeed achieved the privileged status.

C. Communication with the Attending Staff

On every service to which general surgery housestaff is assigned, one or more attending surgeon(s) is/are always immediately available in-house or by telephone to provide supervision, guidance and education. It is the responsibility of the resident physician to be familiar with the call schedule and how to reach the attending surgeon on call; it is the responsibility of the attending on call to ensure his or her availability at all times. By far the most common cause of conflict between resident and attending is the failure to communicate in a timely and effective manner; if in doubt, it is always best to call the attending!

In general the attending should be consulted for the following situations:

- The admission to the hospital of a patient for which the attending has primary responsibility
- The completion of a consult on behalf of the attending
- The completion of a clinic visit for a patient seen on behalf of the attending
- A significant change of the medical condition of an attending's patient
- Placement of a patient into or out of the ICU.

D. Dress Code

- Residents are expected to adhere to the College of Medicine dress code. Business casual clothing is appropriate when not in the OR.
- Each Surgery resident is issued a long, white lab coat. The lab coat should be worn during patient contact at all teaching sites. This identifies you as a member of the residency program and helps identify you to the patients and nursing staff.
- Scrubs should not be worn home from the hospitals as they are the property of the institutions. If scrubs are worn outside the operating room, then they must always be covered with a white lab coat.
- Do not attend Grand Rounds in scrubs.

E. Resident Physician Responsibilities

Surgical residents of the University of Arizona College of Medicine are required to assume the following responsibilities:

- Develop a personal program of self-study and professional growth with guidance from the teaching staff.
- Participate in effective and compassionate patient care, under supervision, commensurate with his/her level of ability and responsibility.
- Participate fully in the education and scholarly activities of their program including the teaching and supervising of medical students and residents of a more junior level.
- Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institution.
- Participate in institutional committees and councils, especially those that relate to patient care review activities.
- Participate in evaluation of the quality of education provided by the program.
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
- Additional responsibilities specific to the general surgery residency program include the following:
    - Complete medical records and dictation of operative reports accurately and timely
    - Accurately and promptly log your operative cases.
    - Complete the rotation evaluation form and any other documents requested at the conclusion of each rotation.
    - Maintain a minimum of 70% attendance at Surgical Grand Rounds, Morbidity and Mortality Conferences, Didactics, Journal Club and additional educational conferences provided on each rotation. Participate fully in teaching rounds and other educational activities.
    - Establish and maintain a program of self-study appropriate to individual needs.
    - Protect oneself and ones' patients by consistently and conscientiously observing universal precautions and other infection control measures, including immunization against hepatitis B.
    - Universal precautions should always be practiced if exposure to blood or body fluids is anticipated. If you do not wear glasses, it is good practice to keep a pair of goggles in your lab coat pocket in case protective eyewear is needed.
    - Participate annually in the ABSITE (American Board of Surgery In-Training Examination). Residents in clinical years three, four, and five are likewise required to participate in the annual mock oral examination.
    - Maintain and regularly check mailbox and email account to keep current with communications from the Housestaff office and Program Director.

JUNIOR RESIDENT (PGY I & II)

The major goal of the PGY I and II years is to provide the resident with the basics of patient care. The major thrust of the two years is not operative experience on complex cases, although substantial operating room experience is desirable. Service must be balanced with education.

Basic duties include:

- Taking first call for problems on the service to which he/she is assigned.
- Attending to the day-to-day needs of the patients in consultation with the senior resident or chief resident and attending.
- Assisting in the operating room when patient care needs allow. Performing procedures in the operating room at the appropriate level for his/her skills.
- Admission history and physical examination for patients admitted to the service.
- The collation and correlation of laboratory data for presentation to the senior resident and attending.
- Participation in the pre-admission workup of patients as arranged by the senior resident consistent with outlined guidelines.

SENIOR RESIDENT (PGY 3 or PGY 4 - depending on the rotation)

Generally, the senior resident will have the day-to-day responsibility of organizing and running the service to which he/she is assigned. He/she is responsible for all aspects of care (preoperative evaluation, participation in the OR as surgeon or first assistant, and the providing of postoperative care and a post discharge follow-up visit) for all patients admitted to the assigned service.

During nights and weekend coverage times, the senior resident will provide:

- Consultation with and oversight of junior residents covering wards, ICU and ER as needed.
- Written surgical consultations on off-service patients when requested and followed by a discussion of the patient with the appropriate surgical attending before making recommendations for care.
- Communication with the chief resident regarding complex patient care issues and complex cases being admitted or requiring a consult.

CHIEF RESIDENT (PGY 4 or 5 - depending on the rotation)

Generally, the chief resident is to be involved in the care of the most critically ill complex surgical patients. This involvement should consist of preoperative evaluation, participation in the operating room as surgeon, and the provision of ongoing postoperative care. The chief must also arrange for a post-discharge follow-up with the patient. Any cases selected for care by the chief become his/her case and he/she is responsible for maintaining attending communication as well as delegation of responsibility to junior level residents.

Administrative activities include:

- Establishing a coverage schedule (including provision for vacations) or working with residency office staff in the preparation of the schedule.
- Presiding at all resident activities, conferences, etc., ensuring quality of resident presentations.
- Overseeing ICU and ED activities of surgery residents.
- Reviewing the OR schedule prior to publication each day to make minor adjustments consistent with educational needs.
- Distributing the OR assignments for resident staff each day by 4pm for the following day's schedule.

THE EDUCATIONAL PROGRAM OF THE RESIDENCY

A. Surgical Sciences Curriculum (Didactics)

The schedule of classes for the residents has been developed for a one year cycle. Each class is taught by a coordinating attending and/or an invited expert. All readings are selected and distributed in advance. Attendance is mandatory, and didactics is considered protected time. An excused absence must be reported to the Program Director in advance. Attendance below 70% is considered an academic deficiency and will be addressed by the Program Director.

B. Mortality & Morbidity Conference (M&M)

M&M is held on Wednesday mornings 7:00 am to 8:00 am at UMC in room 5403. Deadline for submission of M&M forms will be the preceding Monday at 9:00 am. The resident who had the most involvement in the case will present. The presentation is to be concise and relevant. At the conclusion of the presentation, the presenting resident should be prepared to discuss the relevant issues with reference to the global surgical experience, i.e. the literature. This additional discussion should require three to four minutes.

C. Surgery Grand Rounds

Grand Rounds are held weekly, immediately following M&M Conference, 8:00 am to 9:00 am. The format is a presentation on a relevant topic and the presenters are faculty, senior residents, visiting faculty, and guest faculty. When a visiting professor is here, the residents are asked to make rounds and have a small group discussion with him/her after Grand Rounds.

D. Journal Club

Journal club is held the second Thursday of each month, from 6:30 pm to 8:00 pm in room 5403. Attendance of all residents is MANDATORY. Chief residents will select and present articles. The articles will be distributed to residents and faculty at least one week prior to the journal club meeting.

THE GOOD STUFF

A. Vacation Policy

- Each resident is allocated 28 days inclusively for personal vacation time. *(Please refer to the Education Leave Policy for leave pertaining to presentations and meeting attendance.)*

- The 28 days of vacation are divided into four seven-day blocks. Vacations must begin on a Monday and end on a Sunday.

The following black-out dates cannot be used for vacation scheduling:

  - July 1–July 12, 2009
  - November 23-29, 2009 -Thanksgiving week
  - December 21, 2009 - January 3, 2010 (Christmas & New Year)
  - January 25–31, 2009 (ABSITE exam week, 1/30/2010)
  - April 12-18, 2010 - Mock Oral week (for PGY 3-5)
  - April 14, 2010 (Mock Oral exam day for PGY 3-5)
  - June 21-30, 2010 (reserved for Chiefs)

  - No vacation may be taken during Trauma service.

- One vacation week must be taken during each of the four quarters. No vacation time may be carried over from one quarter to the next. EXCEPTIONS WILL BE MADE ONLY IF AN INDIVIDUAL RESIDENT'S SEQUENCE ROTATIONS PRECLUDES TAKING VACATION DURING A GIVEN QUARTER.

- Vacation requests for the entire year must be submitted no later than September 1.

- No more than one resident may be on vacation from a given Call Service.

- No rotation is required to provide more than 6 one-week vacations.

- All vacation requests must be submitted electronically to the Program Coordinator to be approved by the Program Director and Administrative Chiefs. Notification regarding approval will be returned electronically within a short period of time.

- Do not make any travel arrangements in advance!

- No additional vacation days will be granted for holidays worked.

- There is no vacation while on probation.

B. Sick Policy

Should a resident become ill, s/he will call in sick to the Service that is affected and the Program Coordinator for time keeping purposes.

C. Educational / Academic Travel Policy

The General Surgery Residency Program has developed a policy concerning the support of travel to meetings that tries to be fair to the residents while staying within a limited budget.

The policy for funding educational meetings is as follows:

- All meeting attendance must be approved by the Program Director.

- The residency program will pay for educational meetings for the chief residents (PGY 5) who have a presentation at a national conference. No more than one chief resident will be able to attend a meeting at one time. This limitation includes those chiefs whose expenses are covered by outside sources. A Travel Authorization must be filed and approved.

- The residency program will pay for educational meetings for PGY 3 and PGY 4 residents who have a presentation at a national meeting up to $1,500 per year. Permission from your service's chief resident must be obtained prior to scheduling time off to attend the meeting. The abstract/paper presentation must be submitted with the Travel Authorization prior to travel. A Travel Authorization must be filed and approved.

- Requests for reimbursement must be validated by appropriate receipts in accordance with policy. Submit reimbursements no later than ten business days after travel has occurred. For air travel, proof of travel (i.e. boarding passes) is required; this applies to electronic tickets as well. Indication of the payment source must be provided for all hotel, meals, etc., (i.e., copies of credit card statements, cancelled checks). Please submit a conference brochure, certificate of attendance or similar item as proof that the conference was the purpose of the travel. UA Travel policy prohibits car rentals. A Travel Authorization must be on file.

- Travel Authorization must be filed and signed by the Program Director for each travel while away during duty hours. This is also necessary when away for interviews.

- Interviewing is part of the educational experience. PGY 4 and 5 residents should arrange for service coverage and notify all involved parties, including the residency office. No more than two weeks may be used for interviewing purposes with only one week to be taken at a time. When away for an interview a Travel Authorization must be on file.

- Travel Authorization must be on file even if you seek no reimbursement.

- No travel advances will be given.

D. Moonlighting Policy

The General Surgery Residency Program does not allow any moonlighting activities.

RESIDENT EVALUATION & PROMOTION

A. Clinical Evaluations

At the conclusion of each rotation, every resident is to be evaluated, in writing, by the teaching attending staff (and in some cases by a senior resident) of that service. The evaluations are completed online, using the New Innovations software. Residents should log on periodically and review their completed evaluations. The website is: www.new-innov.com
You can always ask the Housestaff Office personnel for assistance.

B. Didactics (Surgical Sciences) Curriculum

Each resident's attendance at didactics sessions is recorded and reviewed semi-annually with the Program Director. Attendance data and results of the American Board of Surgery In-Training Exam (ABSITE), including clinical evaluations and number of entered case logs form the basis for judging successful progress of the resident in the acquisition of cognitive skills and knowledge required for a surgical career.

C. American Board of Surgery In-Training Exam (ABSITE)

Annually (usually the last Saturday each January) the American Board of Surgery (ABS) administers an in-training examination for all general surgery residents in accredited U.S. training programs. This exam, the ABSITE, closely parallels the content and style of the ABS "Qualifying Exam" given to graduates of general surgery residencies as part of their board certification process.

All categorical general surgery residents in our program are required to take the ABSITE. Unspecified general surgery preliminary residents can take the ABSITE upon request before November 1 (firm deadline) to promote their chances of matching. In addition to a raw score, the resident's performance is compared with all residents at an equivalent training level across the U.S. Key phrases of questions missed are also provided as feedback.

Since the results of the ABSITE are a reasonable indication of the likelihood of successful completion of Part I of the Board certification process, the Residency Governance Committee uses the score as an indication of the satisfactory progression in gaining cognitive knowledge of the surgical sciences. In this context, the ABSITE score constitutes one of a number of criteria for advancement to the next training year.

A score of below the 30th percentile on the ABSITE results in a Notice of Academic Deficiency. An Academic review will follow after one year period and appropriate steps will be taken, should no improvement occur. In addition, a resident scoring at or below this level is required to participate in weekly remediation sessions in order to help improve his/her knowledge base.

D. Mock Oral Examination

Part II of the American Board of Surgery Certification process (the Certifying Exam) is an oral examination, testing primarily the surgeon's knowledge and reasoning in managing clinical situations commonly encountered in surgical practice. The faculty of the General Surgery Residency administers a "mock oral exam" each spring to assist residents in preparing for this experience. It is the most intimidating episode of their careers for many surgeons. All PGY 3, 4, and 5 residents are required to participate.

The format of the exam closely approximates that of the actual ABS Part II Examination. In addition to scores for each of the twelve content areas, residents are provided feedback on their general presentation during the exam and specific areas of difficulty in answering questions.

E. Standards of Resident Performance and Advancement

The period of appointment is for one year, renewable annually for the length of the training period. Acceptance into the residency does not guarantee completion nor does it establish a definite projected time period of completion. Advancement will be determined by the resident's performance. The standards of resident performance by which progression into the next year are determined include the following.

- Honors
- Satisfactory Performance
- Notice of Deficiency
- Probation
- Non-Renewal of Contract

F. Criteria for Honors

Residents may achieve honors in any of the following 3 areas.

A. Academic
- ABSITE score exceeding 85th percentile
- Mock Oral Exam honors
- Receipt of Teaching Awards

B. Scholarship Honors

- Publication in a national peer-reviewed journal
- Presentation at a national meeting
- Similar accomplishment

C. Clinical Honors

- Evaluations consistently excellent, with 50% or more of the rotations being "Outstanding"

G. Satisfactory Performance

Residents whose performance satisfies the following criteria are achieving at a satisfactory level and will be advanced to the next level of training.

- Attendance above 70 % at mandatory education sessions
- Satisfactory clinical progress as discussed at semi-annual evaluation sessions with the Program Director.
- ABSITE scores at or above the 30th percentile.

H. Notices of Deficiency and Probation

A resident may receive a Notice of Deficiency for sub-standard performance in any of the following 3 areas:

1. Academic

Any one (or more) of the following failures will result in a *Notice of Academic Deficiency*:

- ABSITE exam - a score below the 30th percentile for that year of training
- Inadequate participation of less than 70% non-excused attendance
- Unsatisfactory performance (i.e. on the intermittent quizzes) cumulatively in the Surgical Sciences Curriculum

Conditions: The Notice of Deficiency is in effect for a minimum of six months; its rescission requires documentation of substantial progress on the part of the resident toward correcting the failure.

2. Clinical

- Clinical evaluation consistently indicating either substandard performance or failure to progress satisfactorily
- Poor performance on several rotations suggesting a lack of clinical dedication.
- Specific areas needing substantial improvement are repeatedly identified, e.g. technical skills.

Conditions**:** Term of up to 6 months

Restrictions and Requirements:

- Prospective approval of any non-educational clinical activities
- Bi-monthly meetings with Program Director after an initial meeting with the Program Director/Governance Committee
- Address specific areas of concern with remedial work
- Subsequent notice of deficiency may result in probation

3. Administrative/Professional/Ethical

Any of the following are potential grounds for *Notice of Deficiency* or more severe sanctions, if warranted.

- Failure to discharge resident responsibilities, e.g. medical records
- Failure to comply with governance policies
- Interpersonal conflicts/psychosocial problems/substance abused
- Physical, verbal or sexual harassment
- Unprofessional conduct, including but not limited to abrogating or failing to respond to clinical responsibilities

Conditions: Term dependent on acknowledgment and resolution of the problems and appropriate remedial action, e.g. counseling.

Restrictions: As appropriate

Failure to achieve substantial progress in correcting a Notice of Deficiency may result in placement on probation. If satisfactory progress is again not made during a period of probation, non-continuance for the coming academic year may be recommended by the Program Directors to the Governance Committee.

I. Probation and Dismissal

The probation period is typically three to six months. Vacation during probation is not allowed. The University of Arizona College of Medicine resident physician suspension and dismissal procedures (due process) can be found at:

http://www.gme.medicine.arizona.edu/due_process.cfm

Appendix 1

Rotation-Specific Educational Goals

Appendix 2

Weekly Cases

Didactic Schedules