

CARE OF THE SURGICAL PATIENT

Please note specific documentation requirements listed in red: use E-Value to enter this documentation so that your advisor and the program director can verify your experience.

PATIENT CARE AND MEDICAL KNOWLEDGE

Family Medicine residents will:

- Identify, evaluate, and initiate management of common acute surgical conditions
- Develop a systematic approach to the evaluation of acute and chronic symptoms in order to assess the need for surgical treatment and appropriate referral

PGY1:

Emergency Department rotation, Family Medicine Inpatient and Pediatric Inpatient rotations: acute presentation of common of surgical conditions

FHC: common office based surgical procedures

PGY2:

Surgical rotations: preoperative, intra operative, and post operative care of patients with a wide range of surgical conditions

PGY2, PGY3:

Acute care in FHC and Family Medicine Inpatient rotation: acute presentation of common surgical conditions

Continuity Practice: management and referral of patients with common surgical conditions, including preoperative evaluation and post operative follow-up

FHC: common office based surgical procedures

Procedures

- Preoperative assessment
(Guideline in the "George Book:" http://www.ucsf.edu/fhc/GBook_Frameset.htm)
 1. Identify appropriate surgical candidates
 2. Assess surgical risk
 - Physical assessment
 - Radiographic assessment
 - Noninvasive diagnostic procedures
 - Invasive diagnostic procedures: e.g. biopsy, paracentesis
 3. Identify and maximally manage co-existing conditions
 4. Assess need for antibiotic prophylaxis
 5. Prepare patient (bowel, etc.)

Document a minimum of 5 preoperative assessments.

Submit 2 preoperative assessments for your portfolio; these can be drawn from your surgery rotation, your continuity patient panel, or your FM inpatient service rotation

- Intraoperative care
(See Primary Care Procedures: <http://www.primarycareprocedures.com/>)
 1. Describe basic principles of asepsis and sterile technique
 2. Discuss patient monitoring and principles of fluid management and replacement
 3. Use basic surgical instruments
 4. Prepare and drape operative field
 5. Assist the primary surgeon, e.g. incision, dissection, exposure, retraction, and hemostasis
 6. Estimate amount of blood loss
 7. Describe wound closure
 - a. Technique selection (ligature, staples, adhesives)
 - b. Suture selection
 - c. Drains
 - d. Dressings

Document attendance at a minimum of 14 surgical procedures during your surgery rotation, at least one each from the following surgical categories: gynecology, urology, breast, abdomen, head and neck.

Document the indications for each procedure and any complications.

- Postoperative care
The resident will be able to describe the initial management of
 1. Routine postoperative care
 - a. Wound care, dressing changes, and suture removal
 - b. Patient mobilization
 - c. Nutritional management
 - d. Pain
 - e. Suctions and drains, including time course for removal
 2. Common postoperative complications
 - a. Fever
 - b. Wound dehiscence
 - c. Urinary retention
 - d. Hemorrhage
 - e. Pneumonia
 - f. Atelectasis
 - g. Fluid overload
 - h. Transfusion reaction
 - i. Thrombophlebitis
 - j. Pulmonary embolism
 - k. Oliguria
 - l. Respiratory insufficiency
 - m. Ileus
 - n. Infection
 - o. Shock

Document a minimum of 5 post-operative evaluations, including any complications; these can be drawn from your surgery rotation, your continuity patient panel, or your FM inpatient service rotation.

- Office procedures (*=optional)
(See Primary Care Procedures: <http://www.primarycareprocedures.com/>)
 1. Local anesthesia
 2. Simple excision
 3. Simple lacerations
 3. Incision and drainage of cysts and abscesses
 4. Joint aspiration
 6. Foreign body removal
 7. Minor burns
 8. Vasectomy*
 9. Cauterization/electrodesiccation
 10. Punch biopsy
 11. Wound debridement
 12. Enucleation/excision of external thrombotic hemorrhoid*
 13. Nail surgery*

PRACTICE BASED LEARNING AND IMPROVEMENT

Residents will:

- Discuss common legal and ethical issues in the care of surgical patients
- Participate in continuity of care of surgical patients
- Differentiate expected post surgical recovery from a course complicated by procedural, systemic, or patient factors
- Utilize their clinical experience in continuity to analyze these factors and formulate practices that might improve outcomes

INTERPERSONAL AND COMMUNICATION SKILLS

Residents will:

- Document informed consent and complete procedure/operative notes
- Discuss potential risks and benefits with patients and families, using words that patients will understand and in collaboration with a medical interpreter when necessary
- Discuss advanced directives sensitively with patients and their families

- Communicate promptly and effectively with surgical consultants to collaborate in the care of, decision making, and co-management of patients

PROFESSIONALISM

Residents will:

- Demonstrate collegial and respectful relationships with team members and ancillary staff
- Demonstrate respectful and compassionate care of patients and their families

SYSTEMS BASED PRACTICE

Residents will:

- Formulate a rational plan of investigation and management, including assessment of severity and need for immediate surgical consultation
- Formulate a plan of management, investigation and need for surgical consultation with an awareness of the risks and costs of the investigation and the value of the information that will be obtained
- Describe of the role of surgical consultants in relationship to primary care and collaborate with consultants in the care of patients
- Manage and coordinate psychosocial and family issues, including discharge planning, long-term care and use of community resources