The surgical rotation experience consists of a month of ambulatory surgery in the PGY-1 year and a month of combined ambulatory surgery and experience as first surgical assistant in the PGY-2 year. These two months expose the resident to common inpatient and outpatient surgical procedures by working one-on-one with Park Nicollet surgeons in the ambulatory setting, and in the office and OR with a general surgeon who practices in a western suburb of Minneapolis. The resident is responsible for learning basic surgical skills and pre- and post-operative assessments. All of these surgeons are enthusiastic teachers of family medicine residents.

Surgery Rotations
Rotational Goal
Residents will achieve competency in diagnosis and appropriate management of common surgical problems seen in the primary and secondary care settings.

Rotational Objectives
By the end of the surgery rotations, residents will be able to demonstrate competence in the diagnosis and treatment of surgical conditions as follows:

(A) Patient Care
Through patient care experience gained as part of the surgery rotations, when further presented with the surgical patient in the family medicine clinic or inpatient setting, residents will be able to:

- Differentiate the causative origin of clinical symptoms resulting in the need for medical versus surgical intervention
- Perform an appropriate clinical assessment including history, physical examination, laboratory evaluation and differential diagnosis of key signs and symptoms of surgical conditions
- Perform various outpatient surgical skills including but not limited to various suturing techniques, skin excisions, I&D’s, wound dressing and debridement, and anoscopy
- Demonstrate an understanding of intraoperative care including basic principles of sterile technique, use of surgical instruments and ability to first assist
- Perform a preoperative assessment
- Recognize surgical emergencies and arrange for appropriate intervention
- Recognize and appropriately manage post-operative complications

(B) Medical Knowledge
At the completion of the surgery rotations, residents will be able to demonstrate medical knowledge of common surgical conditions and “best practice treatment plans” suitable for the family physician, to include being able to:

- Demonstrate knowledge of basic principles of surgical diagnosis, including basic surgical anatomy and wound physiology, care and healing processes
- Demonstrate understanding of basic principles of anesthesia including medications, routes of administration, and resuscitation methods
- Describe various risk levels for surgical procedures and anesthesia, and accurately perform pre-operative risk assessments using the standard pre-op physical form

(C) Practice Based Learning and Improvement
At the completion of the surgery rotation, and subsequently in the family medicine clinic and inpatient setting, when presented with the surgical patient, residents will be able to:
• Critically evaluate evidence basis for diagnosis and treatment of surgical conditions such as the use of interventional radiology procedures, laparoscopic techniques, and pre-procedure imaging
• Interpret and apply treatment guidelines for management of surgical conditions; see www.guideline.gov for a list of guidelines
• Modify patient treatment plans on an ongoing basis based on patient response to therapy
• Use information technology to support evidence based patient care decisions

(D) Interpersonal and Communication Skills
At the completion of the surgery rotation, and subsequently in the family medicine clinic and inpatient setting, when presented with the surgical patient, residents will be able to:

• Obtain a full surgical history using effective communication skills with the patient and family/care provider
• Demonstrate sensitivity to the patient’s and family’s concerns and anxieties regarding the potential need for surgical intervention

Collaborate effectively with surgeons as partners in the evaluation of and decision making for the care of surgical patients.

(E) Professionalism
During the surgery rotations, residents will exhibit characteristics of a professional health care provider by:

• Dressing appropriately based upon standards present for attending physicians in the clinic and/or inpatient setting associated with the surgery rotations.
• Demonstrating sensitivity and responsiveness to surgical patients’ perception of illness, and including these perceptions and patient preferences in formulation of management plan.
• Demonstrating understanding of ethical and legal considerations including informed consent, quality of life, and end-of-life issues.

(F) Systems-Based Practice
At the completion of the surgery rotations, residents will be able to:

• When presented with a surgical patient, demonstrate understanding of when to consult a surgeon
• Demonstrate ability to practice cost effect care in the evaluation and management of the surgical patient

Rotational Experience

PGY-1 Ambulatory Surgery
During the first year of training, residents will spend one month in the Ambulatory Surgery Clinic at Park Nicollet Clinic, St. Louis Park, the Breast Center, and the Bariatric Surgery Center. They will work closely with general, thoracic, and vascular surgeons seeing a variety of ambulatory patients. There will also be opportunities to assist in general surgery depending upon the resident’s interests.

Conferences

• Wednesday 7:00 a.m. General Surgery Resident (Breast/GI) Conference
• Thursday 7:00 a.m. Oncology Conference
• Friday 6:30 a.m. Department of Surgery Case Presentation Conference
Case Presentations
One interesting surgical-related case presentation per rotation (for Wednesday morning conference presentation).

Other Rotation Experience Options
Residents may want to be available to see interesting surgical cases while on-call. If so please let the on call surgery resident know to call you if an interesting case comes in. No patient care responsibility in this regard.