

Statement of Educational Goals

The KMC General Surgery residency program is designed to provide an educational program which results in a trainee acquiring the knowledge and skills to become an independent practitioner of surgery.

The program is designed to train surgeons with post-residency goals ranging from the solo rural practice of surgery to advanced fellowship training at an academic medical center. To practice successfully in the small community, residents must be proficient in not only the core elements of general surgery, but also have a wide-ranging repertoire of knowledge and skill in the basics of all of the major surgical specialties. The rotations which constitute this residency are designed to train such an “ecumenical” general surgeon, and also have the breadth and depth of experience sufficient to prepare the resident to use new technology and to enter advanced training in cardiothoracic, colo-rectal, plastic, vascular, oncologic, or trauma and critical care surgery.

In order to achieve this goal, a series of clinical rotations have been designed to provide the necessary experience for appropriate training. This document is the plan underlying each of the clinical rotations. Each rotation has a set of defined goals and objectives.

When taken together, all of the rotations provide the clinical experience necessary for the overall goal of training surgeons. While necessary, it must be realized that these rotations as described here are not sufficient to achieve the overall goal; a robust program of didactic learning is also required to develop the knowledge base needed by a surgeon. This program is administered through a conference and teaching schedule. These are further discussed in the Department of Surgery Handbook.

The Principal components of General Surgery include:

1. Skin and Soft Tissues
2. Breast Surgery
3. Head and Neck Surgery
4. Alimentary Tract and Abdomen
5. Vascular System
6. Endocrine System
7. Trauma and Emergency Surgery
8. Critical care
9. Surgical Oncology

The following table shows the typical rotations completed in a five year training program (rotations are shown in 4-week blocks):

PGY LEVEL	ROTATION	LENGTH	SERVICE/LOCATION
I	GENERAL SURGERY	6 Blocks	RED/GOLD
	TRAUMA SURGERY	1 Block	KMC
	CRITICAL CARE	1 Block	KMC
	ANESTHESIA	1 Block	KMC

	ORTHOPEDIC SURGERY	2 Blocks	KMC
	NEUROLOGICAL SURGERY	2 Blocks	KMC
II	GENERAL SURGERY	5 Blocks	RED/GOLD
	TRAUMA SURGERY	2 Blocks	KMC
	BURNS	1 Block	UCSD
	TRANSPLANT	1 Block	UCSD
	CARDIAC SURGERY	1 Block	VAH-SD
	ORTHOPEDICS	1 Block	KMC
	NEUROSURGERY	1 Block	KMC
	CRITICAL CARE	1 Block	KMC
III	GENERAL SURGERY	7 Blocks	RED/GOLD
	TRAUMA SURGERY	2 Blocks	KMC
	PEDIATRIC SURGERY	2 Blocks	FRESNO VCH
	VASCULAR	2 Blocks	SAN JOAQUIN
IV	GENERAL SURGERY	5 Blocks	RED/GOLD
	TRAUMA SURGERY	2 Blocks	KMC
	CARDIOTHORACIC SURGERY	1 Block	BAKERSFIELD HEART
	GENERAL SURGERY	2 Blocks	DELANO
	VASCULAR	2 Blocks	SAN JOAQUIN
	ELECTIVE/RESEARCH	1 Block.	RESOURCE HOSPITALS
V	GENERAL SURGERY	13 Blocks	RED/GOLD

Red/Gold Services

The Red and Gold services are the key general surgery services at KMC serving as the main training ground for the entire program. Residents spend 36 months on these two services during the 60 month training period.

There are a number of specific experiences which result from rotations on these two similar services including:

10. Gastrointestinal Surgery
11. Minimal Access Surgery
12. Endocrine Surgery
13. Abdominal Surgery
14. Alimentary Tract and Digestive System

- 15. Liver, Biliary Tract and Pancreas
- 16. Trauma
- 17. General Thoracic Surgery
- 18. Ambulatory Surgery and Outpatient Care

In addition, there are experiences in pediatric surgery, general thoracic surgery, and vascular surgery which complement experiences gained on other rotations. The goals and objectives for these areas are listed below along with the rotations that concentrate on those areas.

Pediatric Surgery	CHLA or Fresno Valley Children's Hospital Rotation
Thoracic Surgery	SD VAMC Rotation
	Green Service
Vascular Surgery	Orange Service

The educational program is divided into three basic blocks: Junior level (PGY-1/2), Senior level (PGY-3/4) and Chief Resident.

1. Junior Resident (PGY-1 and PGY-2): The focus of the educational program in these 2 years is on applying basic science to the management of surgical patients, critical care management and details of preoperative and postoperative assessment and management as a foundation for advanced training. Residents are encouraged to participate in ongoing clinical research projects with a faculty mentor. The PGY-1 year includes 5 months spent on the Red/Gold General Surgery services (includes trauma, urology, plastic surgery, and ENT). The remaining 7 months are spent in neurosurgery, orthopaedics, anesthesia, emergency medicine and critical care. In the PGY-2 year, 6 months are on the Red and Gold services and 3 months at UCSD for education in Burns, Transplant, and Cardiac Surgery. The remaining 3 months are in specialty rotations at KMC (orthopaedics, neurosurgery, and critical care).

2. Senior Resident (PGY-3 and PGY-4) The focus of the educational program during these 2 years is on operative surgery, advanced aspects of patient management, and on development of independent decision making skills. Advanced experience is gained with increased involvement in the details of patient management including patient assessment, organization of diagnostic tests, formulation of a treatment plan, and postoperative care and follow-up. Residents at this level assume increased responsibility in the operating room under direct faculty supervision. Senior residents lead the trauma and resuscitation teams that respond to emergencies. Increased research participation is expected and residents are expected to have completed at least one project that is of sufficient quality to be published and/or presented at a major meeting. In the 2 senior years, residents are given increasing responsibility commensurate with their increase in operative and management skills, as well as leadership skills. Each resident's performance is carefully monitored to ensure that he/she is ready to lead and manage the surgical team as chief resident. The 24 month Senior Resident block includes 12 months of General Surgery (Red/Gold), 2 months of advanced Pediatric Surgery (CHLA or VCH), 3 months of vascular surgery (Orange), 2 months of rural General Surgery (Blue), 3 months of General/Oncologic Surgery (White), 1 month of advanced cardiothoracic surgery (Green), and 1 month of electives in advanced General Surgery or research.

3. Chief Resident (PGY-5) The focus of the educational program in the Chief Resident year is in developing independent capability as a surgeon in operative management and advanced decision making in patient management. Progressive independence is given in all areas of patient management with appropriate staff supervision. The chief resident has the responsibility for organizing, managing, and teaching a resident surgical team. He/She distributes operative responsibilities, assigns patient care tasks,

and manages the outpatient clinic responsibilities. The chief resident is assigned to the Red or Gold service for the entire year, and has full responsibility for a general surgical service encompassing abdominal, thoracic, pediatric, head and neck, vascular, urologic, oncologic and laparoscopic surgery as well as endoscopy. Over the course of that year, the chief resident functions in a progressively independent manner under careful faculty monitoring and supervision. Each of the two services has a patient load of about 15-35 acutely ill inpatients and 12-25 operative procedures weekly. Each chief resident serves as administrative chief for six months, responsible for the preparation of on-call schedules, organization and conduct of rounds, seminars and teaching conferences, and participates in a limited fashion on hospital committees as a Department of Surgery representative.

Since there are no specific rotations in Urology, ENT and Plastic Surgery, patients cared for by these disciplines are distributed to the Red/Gold services at KMC. In addition to vast clinical experiences, residents participate in didactic learning sessions to improve their fund of knowledge.

Surgical Residency Curriculum

The Surgical Residency Curriculum outlines the specific goals and objectives of each rotation and is given to each resident at the beginning of their PGY-1 year. Faculty members are also provided with this curriculum at the beginning of the academic year. All residents and faculty members are expected to read the curriculum in its entirety and be familiarized with the content. Residents are encouraged and expected to refer to this curriculum frequently during their residency years to assess their own progress and growth in knowledge and skill. The curriculum also serve as a checklist for the residents to evaluate the success of each rotation in attaining the specific educational goals and objectives.

Department of Surgery Handbook of Policies and Procedures

In addition to the Surgical Residency Curriculum, each resident and faculty member is also given a copy of the Department of Surgery Handbook of Policies and Procedures at the beginning of the academic year. This handbook contains the Department of Surgery Mission Statement, faculty listing, expectation of residents and faculty and all the policies and procedures pertaining to the department. Residents and faculty are encouraged to read this handbook and refer to it when appropriate.

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