Meetings With Program Director

A) Orientation Week

1) Goals and Objectives for Assignments and Program
   a) www.new-innov.com contains
      1) Goals and Objective for each assignment
      2) Curriculum for all rotations
      2) Monthly faculty and medical student evaluations of resident
      3) SJMH GME Policies and Procedures
      4) Conference Attendance/Schedules
      5) Duty Hours
      6) Clinic Tracking
      7) Personnel data for residents/faculty
      8) Procedure logger (we use the ACGME website)
      9) Call schedules

   b) Hardcopy Manual
      Teaching Goals and Objectives in Manual
      Comprehensive Curriculum
      covering all defined components of colon and rectal surgery
      Plan-Do-Study-Act Goals and Objectives in Manual
      a) CREST curriculum (ASCRS text-based)
      b) Evidence-Based Reviews in Surgery
      d) ACS based video library
      e) FLS module
      f) FES module when available
      Journal Club Goals and Objectives in Manual
      a) Diseases of the Colon and Rectum
      b) Evidence-Based Reviews in Surgery (6x per year)
      NSQIP Projects Goals and Objectives in Manual
      Multidisciplinary Rotations
      Anesthesiology (Dr Tocco-Bradley)
      Radiology (Dr Ferguson)
      Pathology (Dr Bihlmeyer)
      Gastroenterology (Dr Yazdani)
      Medical Oncology (Dr Krauss)
      Radiation Oncology (Dr Narayan)
      Enterostomal Nursing

      Other Core Competency Goals and Objectives in Manual to include
      service and program

2) Evaluating Resident
   Annual Meeting with CRS Faculty, GS residents, and Nursing
to educate evaluators regarding core competency assessment methods
done at time of resident promotion and during Orientation week
Power Point presentation showing evaluation tools
(Guest Speaker re: educating evaluators)
E-Form to document attendance in and participation in
a) educational conferences
b) academic activities
c) scientific meetings
d) teaching methods
360 degree evaluation process
to include performance criteria by which they will be evaluated by faculty,
   GS residents, Nursing, Other Allied Health Care Professionals, Patient, Self
Faculty and Students monthly online
GS residents, Nursing, and Self biannual
Technical Skills and Performance (Patient Care) q 3 months
Patient Evaluation of Resident (Interpersonal Skills) monthly
D&C Conference Evaluation
PD October, January April, June (terminal)
   Resident meets with PD 1 week after this evaluation to review and sign
PD terminal
CARSITE and CARSEP
Multi-institutional oral exam
Maximally Invasive Teaching and Evaluation
Annual evaluation of program and faculty by resident
   these evaluations reviewed by PD, Head of Dept of Surgery, DIO
all contained in Red Book

3) Resident Duty Hours
   55-60 per week
documented at www.new-innov.com
no in house call
2 weekends per month back up
must keep log: reviewed monthly by PD and SEC
review resident and Fellows Duty Hours document
review Moonlighting policy
is a Professional Core Competency

4) Red Book
5) Resident Manual

6) Fatigue and Sleep Deprivation
   online SAFER (Sleep, Alertness, and Fatigue Education in Residency) program
   online LIFE curriculum
   Stress Management: 10 Self-Care Techniques” taught by Employee Assistance Program personnel during Orientation Week
7) **EMR**

8) **Research**
   Dr Lampman
   NSQIP
   orientation to access and use
   NSQIP Quality Improvement Project
   will meet every 2 weeks to assess and evaluate project
   expectation: submit abstract

**Project Goal**
abstract for ASCRS
podium presentation at spring SJMH Research Forum
participate in educational videos

**Meetings**
weekly Tues 4pm MHVI #104

9) **Competency Tools (see GS Green Service in Manual)**

1) **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.*
   •Gathering information
   •Synthesis
   •Partnering with patients/families

   **Clinical Teaching**
   Lectures/Seminars/Conferences
   Role Modeling
   Workshops
   Simulations
   Self directed learning case based modules
   ACGME and Spreadsheet Case Logs

   Technical Skills and Performance Evaluation
   Objective Structured Assessment of Technical Skill (OSATS)
   Global Clinical Performance Ratings (end of rotation evaluation tool)
   Focused Evaluation/Observation of Patient Encounter

2) **Medical Knowledge**
   *Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and how to apply this knowledge to patient care.*
   •Acquisition
   •Analysis
   •Application

   **Clinical Teaching**
   Lectures/Seminars/Conferences
   Journal Club
Procedural Workshops
Board review courses/formalized group study
Simulations
Self directed learning case based modules
ET Nursing, Pathology, Radiation Oncology, Medical Oncology, Radiology, GI
CARSEP /CARSITE
Multi-institutional Oral Exam
Global Clinical Performance Ratings
Focused Evaluation/Observation of Patient Encounter

3) Practice Based Learning and Improvement
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. •Life-long learning •Evidence based medicine •Quality improvement •Teaching skills

Self reflect on practice and determine improvement
Lectures/Seminars/Conferences
Quality Improvement Project
Journal Club
Research Project
Clinical Teaching
Role Modeling
Interactive Workshop

1. Death and Complications Conference
2. Journal Club
3. NSQIP Quality Improvement Project
4. Teaching Skills Evaluation
5. Plan-Do-Study-Act
   a) CREST curriculum (ASCRS text-based)
   b) Evidence-Based Reviews in Surgery
   d) ACS based video library
   e) FLS module
   f) FES module when available
6. Grand Rounds Presentation (one per year requirement)
7. Southeastern Michigan Center for Medical Education course for teaching skills

Global Clinical Performance Ratings
Focused Evaluation/Observation of Patient Encounter

4) Interpersonal and 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. •Communicating with patients and families •Communicating with team members •Scholarly Communication

Clinical Teaching
Role Modeling
Case based teaching
Interactive workshops or seminars with role-plays
Standardized communication around handoff
Scholarly communication (Grand Rounds, Presenting lectures/seminars/conferences, Writing abstracts, Presenting a poster, Scholarly articles)

1. Colon and Rectal Surgery Preoperative Conference
2. Discharge Planning
3. EMR Feedback
4. Care Coordination (also Systems Based Practice)
   a) ET Nursing
   b) Nursing
   c) Case Managers
   d) Social Work
   e) Nutrition
5. Patient Evaluation of Resident

Global Clinical Performance Ratings
Focused Evaluation/Observation of Patient Encounter
Multi-rater 360-degree Evaluation

5) Professionalism
   Residents must demonstrate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population •Professional behavior •Ethical principles Cultural competence

Clinical Teaching
Case based teaching
Mentoring
Role Modeling
Role plays and clinical vignettes
Ethics Committee
Interactive Workshops
Lecture/Conference/Seminar
Institutional Initiatives

1. Ethics Conference
   ACS “Ethical Issues in Clinical Surgery”
2. Ethics Questionnaire
2. LIFE curriculum
3. PEERS Reporting System
4. Unprofessional behavior prompts meeting with PD and DIO

Global Clinical Performance Ratings
Focused Evaluation/Observation of Patient Encounter
Multi-rater 360-degree Evaluation

6) 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 optimal health care •Health care delivery system •Cost effective practice •Patient safety and advocacy/Systems causes of error

Clinical Teaching
Patient Safety Projects
Systems Based Approach to M&M
Lectures/Seminars/Conferences
Interdisciplinary Teams
Practice management curricula or projects
Individual or Group Projects
Conducting Root Cause Analysis on near miss or sentinel event

1. Clinical Care Collaborative Practice Team (CCCPT) (requirement)
2. Patient Safety Checklist (Universal Protocol)

Global Clinical Performance Ratings
Focused Evaluation/Observation of Patient Encounter

10) Space, computer
11) Library
12) ET Nursing

13) Schedule
3 attendings; alternate every month
review hard copy
Outpatient Clinic: two 4 hour sessions per week
must sign clinic schedule and give to Program Coordinator
keep patient log
need to see 110 patients with anorectal and physiologic disorders
need to see 215 patients with abdominal disorders
Main OR: 2 full days per week
cases must be entered into ACGME website no later than 14 days
minimum 120 abdominal operations to include:
30 laparoscopic and 30 pelvic dissections
60 anorectal operations
ASF: 1 half day per week
cases must be entered into ACGME website no later than 14 days
colonoscopy: 1 half day per week
cases must be entered into ACGME website no later than 14 days
minimum 185 procedures involving the GI tract and pelvic floor of which
minimum 140 colonoscopies including 30 interventional
Research and Independent Study: 1 half day per week
Review Conference Schedule
ER Consultations
Robotic Training
Spend at least one half day with attending staff in the following disciplines:
  o Gastroenterology
  o Gastrointestinal Pathology
  o Radiology
  o Radiation Oncology
  o Medical Oncology
  o Anesthesiology
Spend at least one day with
defecography
anal manometry/biofeedback pelvic floor retraining
PNMTL
endorectal USN

14) Review of Numbers

ACGME Case Log
120 abdominal operations
  30 laparoscopic
  30 pelvic
60 anorectal
185 procedures
  140 colonoscopy (30 interventional)
  45 sigmoidoscopy/proctoscopy/anoscopy, rectal and anal USN,
  pelvic floor evaluation

Clinic Spreadsheet
110 anorectal and physiologic (hemorrhoids, fissures, abscesses, fistulas,
constipation, incontinence, pelvic floor problems
215 abdominal (neoplasia of colon, rectum, and anus, IBD, diverticular disease,
rectal prolapse)

Consult Spreadsheet
Duty Hours

B) Weekly PD Meetings

1) review Orientation Week until it is habit
2) ACGME Case Log System and Consult logs
   https://www.acgme.org/residentdatacollection/
   a) OR, ASF, endoscopy
3) Practice Based Learning and Improvement Case Log (D&C)
   turn in to Residency Coordinator and placed in Red Book
4) resident duty hours (eventually monthly)
5) EMR record keeping (eventually monthly)
6) Plan-Do-Study-Act textbook and literature program (eventually monthly)
7) Research efforts
   a) project to present at annual ASCRS
   b) NSQIP project (assess and evaluate every 2 weeks)

8) DC Planning Meetings (review)

C) Monthly PD Meetings

1) Faculty and Student Evaluations
2) Review Ability to Maintain Medical Records

D) Every 6 Months

1) Nursing Evaluations
2) General Surgery Resident Evaluations
3) Self Evaluations
4) Program Director Evaluations October, January, April and June
5) Research Director
6) Final Terminal Evaluation in June