General Surgery

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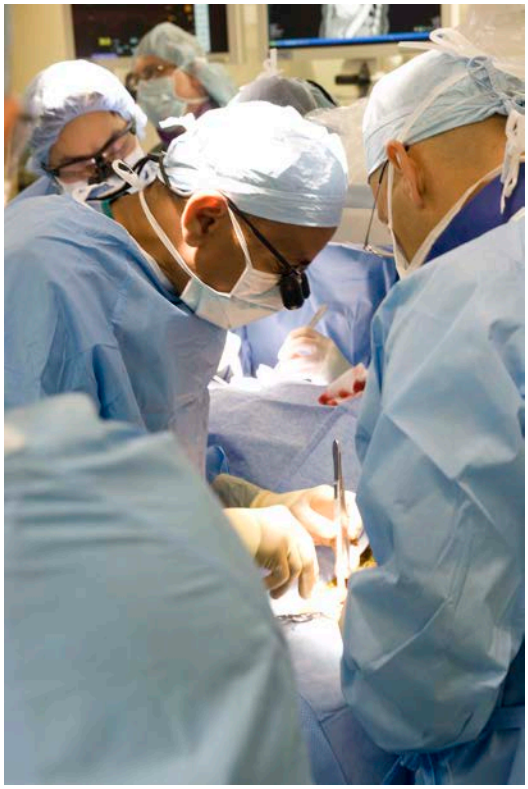

St John Hospital and Medical Center offers a five-year residency-training program in General Surgery. St John Hospital is an 805-bed teaching hospital that includes 66 intensive care beds. The surgical program is oriented to meet the requirements of the Accreditation Council for Graduate Medical Education, the American College of Surgeons and the American Board of Surgery. The Department of Surgery constantly renews itself with additional staff that lends varied and novel expertise to the residency experience. This is a hands-on program with supervised operative experience from very early on. In addition to being a tertiary referral center for the St John Health System, St John Hospital is also an ACS verified Level II Adult and Pediatric Trauma Center and a regional surgical oncology center. The hospital and the teaching staff are deeply committed to resident education. The program concentrates its educational thrust at the following required prime components:

- head and neck
- alimentary tract
- abdomen and its contents
- breast, skin and soft tissue
- peripheral vascular system
- trauma to include musculoskeletal system and head injuries
- endocrine system
- surgical oncology
- complete care of the critically ill

ST JOHN PROVIDENCE HEALTH SYSTEM

ST. JOHN HOSPITAL & MEDICAL CENTER

The program believes that a complete surgeon is trained in the core competencies of Surgical Knowledge, Patient care, Technical skills, Professionalism, Communication and Interpersonal skills, Systems based practice and Practice based learning. The curriculum has been modified to incorporate these important skills into the resident education.

The program provides a hands-on approach to patient care. As the skills and knowledge of the resident grows, they are given the opportunity to perform surgery commensurate with their skill. In addition to acquiring surgical knowledge, residents are made aware of the high moral and ethical standards required of a surgeon.

Curriculum

The educational program is designed by the Program Director. Curriculum innovations and modifications are done yearly. Residents and faculty have input in developing the curriculum and is based on SCORE.

Teaching Staff

All surgical staff members are certified by the American Board of Surgery and are Fellows of the College of Surgeons. Many hold faculty rank at Wayne State University School of Medicine. There is highly qualified and excellent teaching staff in the subspecialty services. The teaching faculty is constantly re-evaluated and fresh staff is added every year.

Evaluation

The goal of the evaluation system is to ensure that residents on track in development of their milestones. Residents are evaluated on the six core competencies and Technical skills on a monthly basis. The residents have an opportunity to evaluate the teaching staff in a confidential manner. Resident input is used to evaluate the educational value of the program and in determining its effectiveness.

In addition to the monthly evaluations, the following exams are given additional importance

- ABSITE
- Monthly surgical text review examination
- Basic science written examination
- Mock oral board examination.

Duty Hours and Call

The program rigorously follows the duty hour mandates of the ACGME. Call averages once every 5 to 6 days for PGY-2 to PGY-4 residents. Chief surgical residents take home call. The program ensures 2 complete weekends off clinical duties to all residents. Duty hours are from 6.00 AM to 5.00 PM. Post call residents leave the hospital no later than 10 AM.

FIRST Trial

St. John Hospital was randomized into the intervention arm of the FIRST trial giving the program the opportunity to innovate with duty hours. While conforming to the 80 hour work rules the program has eliminated night float. Elimination of night float has allowed for intern participation in all conferences and an improved operative experience. Interns now feel they are full contributing members of the surgical team.

Outpatient Clinic

The outpatient experience is in the private offices of the attending surgeons along with the resident clinic. Every resident on a core rotation will be assigned to a clinic for one half day a week. This ensures resident participation in the entire continuum of surgical care from pre-operative evaluation, surgery to post-operative care.

Surgical Research

The residency program has an active research program with many yearly publications and presentations. The hospital has dedicated statistician and support personal to support resident research. There are active Trauma and Cancer registries to aid in resident research. All residents are required to perform at least one research project, but many exceed this with multiple regional and national presentations and publications. Time off to present at regional and national meetings do not count as vacation and the expenses are covered by the hospital.

The Emergency Department

The Emergency Department of St. John Hospital and Medical Center is one of the busiest in the metropolitan Detroit area. Each year, approximately 120,000 patients receive medical care in the Emergency Center. The hospital is located at the border of Grosse Pointe, a tony neighborhood, and the city of Detroit. The pathology seen in the ER is varied and covers the entire gamut of acute care surgery. The hospital also has an active Trauma service with over 1500 Trauma admissions a year.

Conferences

Didactic teaching conferences are held on Thursdays from 7 AM to 10 AM. There is weekly Morbidity and Mortality conference and monthly Tumor Board, Trauma conference, Grand Rounds and Journal Club. Attending participation is robust for these lectures.

On Mondays, there is a conference that focuses on the competencies of Professionalism, Communication skills, Practice based learning and Systems based learning.

Teaching rounds are held on Wednesdays for all services. A clinical curriculum based on SCORE focusing on patient care and medical knowledge is followed. A topic is assigned and a monthly exam is held.

All conference time is protected from clinical activity.

Skills Laboratory

The program has developed a functional skills laboratory that holds sessions every Tuesday. The program follows the American College of Surgeons simulation curriculum. Residents are expected to be certified in Fundamentals of Laparoscopic Surgery prior to beginning their third year.

Grad Year 1

This first year of training is designed for physicians who have just graduated from medical school and consists of:

General Surgery	6 months
Vascular Surgery	2 months
SICU	2 months
Trauma Surgery	2 months

The first year of training is designed to provide interns with a broad perspective for total care of the surgical patient. The intern is the initial contact for the nursing staff and ER and gets the opportunity to learn under a supervised structure. Interns perform the initial work up and are first responders on stable patients. In this year they learn, at the bedside, the fundamentals of fluid balance, physiology, bacteriology, pharmacology and other basic sciences, which are necessary for the total understanding of the disease process.

Initially the intern assists on operative procedures. Once proficient in basic technique, the intern will perform procedures such as hernia repair, laparoscopic cholecystectomy, breast surgery and a wide variety of other operative procedures. The hands-on concept is emphasized early during the first year.

In addition to six months of exposure to General Surgery, the first year resident rotates through the Surgical Intensive Care Unit, Vascular Surgery, and Trauma.

The SICU rotation is designed to enhance the residents' knowledge of pulmonary, cardiac and renal pathophysiology. The experience in the Surgical Intensive Care Unit is extensive and extremely rewarding.

The Vascular Service will expose the first year resident to thrombo-occlusive disorders, aneurysmal disease, venous problems, and lymphatic disorders. Clinical diagnosis and vascular surgical principles are emphasized. The use of endovascular stents, open surgical procedures, and dialysis access is extensive allowing for many hand-on opportunities.

The residents will see trauma throughout their entire five-year residency when on call, but will have focused trauma training during their Trauma Service rotations beginning in their first year of training. This service integrates a team consisting of a Trauma Surgeon, a third-year surgical resident, a first-year surgical resident, a trauma nurse practitioner, a trauma registrar, a social worker, pharmacy staff, subspecialty physicians, and an emergency department resident. Daily trauma teaching rounds and numerous trauma lectures educate the residents during this valuable rotation in managing the critically injured patient.

Grad Year 2

In this year of training, residents are expected to develop a strong base in general surgery as junior residents rotating through the three general surgical services. The basic knowledge and skills emphasized in Grad Year I is continued. In addition, residents are expected to assume a greater responsibility in patient care and to advance their technical capabilities.

General Surgery	5 months
SICU	1 month
Trauma Surgery	1 month
Pediatric Surgery	1 month
Endoscopy	2 months
Transplant Surgery	1 month
Hand and Plastic Surgery	1 month

The transplant surgery rotation is spread over Grad Years II - III. This ensures a gradual increase in responsibilities under the direction of the transplant director. Residents will learn immuno-suppression and be involved in organ harvesting and the transplantation of kidneys and pancreas.

The endoscopy rotation begins to familiarize residents with gastroscopy, flexible sigmoidoscopy, colonoscopy and PEGs. They will be performing these procedures daily with the attending physicians.

Pediatric Surgery is taught by board certified pediatric surgeons. While on this one-month rotation, the resident shall learn the surgical care of neonatal patients as well as common pediatric surgical problems. The resident will evaluate them preoperatively, assist or perform the operative procedure, follow the patients through the postoperative hospital course and follow up in the clinic. The resident will be exposed to common pediatric problems such as hernia, pyloric stenosis, intussusception, mid gut volvulus and pediatric critical care.

During Grad Year II, one month is spent in the Surgical Intensive Care Unit with duties similar to those outlined for Grad Year I, but with increased responsibility. The emphasis is on recognition of severe pre- and post-operative problems and to serve as a coordinating physician when many services are involved.

During the second year, residents will begin to formulate a research project under the guidance of the attending and research staff. This research may be clinical or bench type.

Grad Year 3

General Surgery	4 months
Vascular Surgery	1 month
Cardiothoracic Surgery	1 month
SICU	2 months
Pediatric Surgery	1 month
Transplant	1 month
Breast Diseases	1 month
Elective	1 month

Grad Year III of the residency-training program is designed to develop a broader approach to surgery. The rotations are designed to expose the resident to the entire gamut of surgery with particular attention to the sub-specialties.

This year is designed as a transitional year during which time the resident matures from being a junior resident to a leader.

Grad Year 4

General Surgery	6 months
Vascular Surgery	3 months
Cardiothoracic Surgery	1 month
Breast Disease	1 month
Elective month	1 month

This year is the start of senior responsibility. Residents will be developing a comprehensive understanding of the primary components of general surgery. The fourth year resident is the senior resident in-house on call and bears primary responsibility for the surgical services.

The resident will have supervisory status over the junior residents and will develop principles for the comprehensive care of patients from admission to discharge. PGY-4 residents perform complex procedures, such as small and large bowel resections, and assist the chief resident and attending staff with advanced GI cases. The fourth year resident is intimately involved in the care and treatment of the trauma victim. Residents will be exposed to the innovative areas of breast disease. They will also develop an in-depth knowledge and gain surgical experience with complex diseases of the liver, pancreas and biliary tract.

Cardiac and Thoracic Service

One month is spent on the Cardiac and Thoracic service. Residents learn the various incisions used in cardiothoracic surgery including the management of Thoracic trauma. They will be assisting on coronary by-pass surgery and be involved in the pre and post op evaluation of patients with Coronary artery and valvular heart disease. They also learn to diagnose and manage patients with pulmonary lesions. Residents are expected to perform bronchoscopies, insert chest tubes and assist in major pulmonary and cardiac surgery.

Peripheral Vascular Surgery

In the fourth year of general surgery, residents spend three months on the peripheral vascular service, which deals with both arterial and venous diseases. They are designated as senior residents of this service.

The peripheral vascular service is staffed by a group of peripheral vascular surgeons. Residents will make pre-operative and post-operative evaluations in the care of the patient. They will learn to perform various arteriography procedures and will review, with the attending staff; the arteriography films and correlates these to the patient's disease process and subsequent treatment. Residents will have extensive experience in the management of abdominal aortic aneurysms, peripheral vascular occlusive disease, carotid arterial disease, various forms of vasculitis and venous diseases. Exposure is comprehensive in both endovascular and open techniques.

The residents' performance during this year is monitored very carefully by the attending staff and Program Director in an effort to determine whether or not the resident is ready for chief surgical resident responsibility.

Grad Year 5

Chief Resident, General Surgery	9 months
Chief Resident, Vascular Surgery	3 months

The chief resident year is a year of intense preparation for graduation into the world as a competent surgeon. The Chief resident is treated as the junior attending surgeon and is responsible for all patients on the service. The Chief forms plans, boards cases and does complex cases under supervision. The chief surgical resident is also expected to instruct and evaluate the junior residents.

The CSR will be encouraged to make decisions and plan courses of treatment to develop the confidence and skills necessary to become a complete surgeon. The chief resident on vascular service will continue to expand his knowledge in the treatment of peripheral vascular diseases. He/She will become more adept at vascular ultrasounds and vascular Doppler techniques. On the General Surgical service the CSR will coordinate pre-operative evaluation with the operative treatment and do the post-operative care of these patients both in the hospital and in the office.

The Administrative Chief Resident, ACR, is responsible for the monthly schedules, surgical assignments and general day-to-day function of the surgical residency program.

During their five years, residents will have the following breakdown in assignments:

General Surgery	30 months
Vascular Surgery	9 months
Surgical Intensive Care Unit	5 months
Trauma Surgery	3 months
Transplant	2 months
Surgical Endoscopy	2 months
Breast Disease	2 months
Pediatric Surgery	2 months
Cardiothoracic Surgery	2 months
Hand and Plastic Surgery	1 month
Elective	2 months

In order to accommodate everyone the rotations may come in different years.