

Mapping of General Surgery Curricular Competencies with Assessment Tools

This outline maps curricular competencies\objectives with the assessment tools and potential test type. Tests will emphasize certain parts of the outline, and no single test will include questions on all aspects. Questions may include content that is not included in this outline.

							Learning Domain		Assessmen		
Construct	Domain	Section	Year	Codes	Performance indicator (Curriculum)	Page #	(1:Cognitive, 2:Skills, 3:Attitude)	MCQ -Part 1 Written	MCQ - Final Written	OSCE - Final Clinical	SOE Fina Clini
Medical Expert	A1 Basic science	Trauma / Shock / Acute surgical	Junior	A1.1	Describe the anatomy and physiology of all body systems affected by trauma.	29	1	*	*		*
		care		A1.2	Review the anatomy, physiology, and pathology applicable to the general management of trauma patients, including the following:	29	1	*	*		*
				A1.3	Explain the characteristics of basic surgical skill, including the following: a. Sterile technique b. Incisions c. Wound closures	29	1	*	*		*
				A1.4	Discuss the pathophysiology, including the mechanism of arrest, for the following situations:	30	1	*	*		*
				A1.5	Discuss the primary causes/mechanisms of injury in the following: a. Falls b. Motor vehicle crashes	30	1	*	*		,
				A1.7	Assess the indications, guidelines, and complications of the following cardiovascular drugs:	31	1	*	*		,
				A1.8	Explain the physiological impact of mechanically assisted ventilation on the cardiovascular/respiratory system.	31	1	*	*		
				A1.9	Describe the role and indications (if any) of the following products in acute resuscitation:	31	1	*	*		
				A1.10	Determine the indication, dosage, contraindications, and method of administration of	32	1	*	*		
		Surgical Critical Care		A1.12	Describe the concept of systemic inflammatory response syndrome (SIRS).	38	1	*	*		
				A1.13	Discuss the pharmacotherapeutics of drugs used for support and treatment of the	38	1	*	*		
				A1.14	Describe the pathophysiology of acute lung injury (ALI, also known as ARDS) including the following:	40	1	*	*		
				A1.16	Define the information obtained from the use of the following invasive/non- invasive	40	1	*	*		
				A1.17	Describe the pathophysiology of acute lung injury (ALI, also known as ARDS) and the	40	1	*	*		T
				A1.18	Review respiratory physiology and describe the pathology involved in ventilation/perfusion deficits.	40	1	*	*		
				A1.20	Analyze the pros and cons of the use of the following drugs to improve respiratory function: a. Bronchodilators d. Venodilators b. Membrane stabilizing agents (e.g., steroids) e. Analgesics and sedatives	40	1	*	*		
				A1.22	Discuss significant patient characteristics in a geriatric population associated with	41	1	*	*		H
				A1.23	increased risk of thromboembolic disease, including the following: Summarize the effects of appropriate volume and drug therapies to manipulate	41	1	*	*		H
		Surgical Immunology		A1.25	the Identify, define, and classify the major categories of acid-base disturbance in the	41	1	*	*		H
		illinunology		A1.27	Context Describe the basic concepts of the human immune system, including the	45	1	*	*		H
				A1.28	following: Describe the body's response to infection when:	46	1	*	*		
				A1.29	a. There has been no prior antigenic contact Summarize the major activities of macrophages, their products of secretion, and	46	1	*	*		H
				A1.30	their role as antigen-presenting cells (APCs). Summarize the events in T-cell activation, including the roles of CD4+ and CD8+	46	1	*	*		
				A1.31	cells and the release of involved interleukins. Explain the development, differentiation, and function of B-lymphocytes in the	46	1	*	*		
					formation of antibodies; outline and describe the functional anatomy of an immunoglobulin						
				A1.33	Describe immunological changes that occur in the elderly compared to younger patients.	46	1	*	*		
				A1.34	Describe the resident flora, mechanical barriers, local hormones, and chemicals of the	46	1	*	*		
				A1.35	epithelium in the following tracts involved in the body's defenses against Describe the mechanism of action and side effects of current	46	1	*	*		
				A1.36	immunosuppressive agents. State the rationale for their use and timing in their medical applications: Differentiate between agents used to treat acute transplant rejection:	46	1	*	*		L
				A1.50	a. Steroids b. Poly- and mono-clonal antibodies						
				A1.37	Summarize the role of monoclonal antibodies in the treatment of neoplastic lesions.	46	1	*	*		
				A1.38	Describe their application to clinical pathology, and diagnostic and therapeutic oncology.	46	1	*	*		Г
				A1.39	Explain the HLA-complex, its genetic location and composition, pattern of inheritance, and the difference between Class I and II antigens of the major	47	1	*	*		r
				A1.40	histocompatibility complex (MHC). Consider these aspects: Describe differences in survival rates in elderly patients compared to younger	47	1	*	*		H
					patients. Consider the following factors:						
				A1.41	Describe the mechanism of action, dosing schedule, and side effects of the following immunosuppressive drugs: a. Azathioprine d. Cyclosporine	47	1	*	*		
		Surgical Oncology		A1.42	Discuss the mechanisms of cellular apoptosis and feasibility for therapeutic applications.	48	1	*	*		
				A1.43	Discuss frequency/death rates of the top five benign and malignant neoplasms.	48	1	*	*		
				A1.44	Describe increasing, decreasing, and high incidence trends for certain solid neoplasms.	48	1	*	*		
				A1.45	Explain the implications of the heterogeneous cellular makeup of most solid neoplasms , with reference to clinical behavior and response to adjuvant	48	1	*	*		

Identify genetic factors associated with neoplastic disease regarding known proto - oncogenes. A1.47 Define current theories of carcinogenesis. 48 Summarize the tenets of tumor biology, including the biochemical events of 48 invasion and metastasis; describe the natural history of these lesions. A1.50 Describe the enzymatic determinants of prognosis for epithelial derived cancers. 48 Relate tumor staging to prognosis. 49 Endocrine Surgery Describe the anatomy, histology, physiology, and pertinent biochemistry of the A1.52 51 following organs: A1.53 Explain the integrated concept of clinical neuroendocrinology, the cells and 51 organs of the amine precursor uptake decarboxylase (APUD) system, and the A1.54 Fully discuss the secretion and control of the following: 51 a. Thyroid stimulating hormone A1.55 Explain the following disease entities as they relate to problems in the surgical 52 Breast Surgery A1.57 Describe the anatomy of the breast. 54 A1.58 Explain the hormonal regulation of the breast. 54 A1.59 Summarize the incidence, epidemiology, and risk factors associated with breast 54 Describe the pathological types of breast cancer, including the history and 54 prognosis of each of the following: A1.62 Outline the genetic and environmental factors associated with carcinoma of the 54 A1.63 Explain the mechanics and potential value of the stereotactic needle biopsy. 55 Explain the use of TNM staging in treatment of breast cancer. 55 A1.66 Assess the pathophysiology: 58 Surgery a. Referred pain c. Guarding A1.67 Discuss differences in the physiological response to stress in the surgical patient. 58 Explain the mechanism of referred pain in: 58 g. Gastritis a. Ruptured spleen d. Renal colic A1.69 Discuss the following causes of paralytic ileus: 58 a. Postoperative electrolyte imbalance A1.70 Explain absorption and secretory functions of the peritoneal surfaces and the 58 diaphragm. A1,71 Describe the anatomy of the omentum and its role in the inflammatory 58 Explain the formation of fistulas in each of the following disease processes or A1.72 Differentiate between incarceration, strangulation, and obstruction in relation A1.73 59 to hernias. A1.74 Know the physiological basis for the preoperative and postoperative 59 management, and indications for surgery of the following gastrointestinal A1.75 Describe the anatomy different types of hernia. 59 Know the anatomy of the abdominal wall, inguinal area, esophagus and 59 esophageal hiatus, Emergent Gastro-Intestinal Problems ■ Understand the epidemiology and natural history of cecal/sigmoid volvulus. A1.79 Inflammatory Bowel Disease and Nutrition 61 🗈 Understand the epidemiology and natural history of sigmoid diverticulitis. A1.80 Understand types of malignant esophageal neoplasms, including their 60 nistologic appearance. A1.81 Assist with hernia repairs in the groin or umbilicus, demonstrating a basic 67 understanding of the anatomy and surgical repair. Colo-Rectal Disease: 62 Ill Understand the anatomy, histology, and function of the anal canal, colon, and A1.83 Anal Condition 63 Understand the pathogenesis of anal abscesses/fistulas/anal fissures. A1.84 Liver & Biliary Tract 63 Describe the anatomy of the liver and biliary system, including commonly A1.85 Describe the anatomy of the pancreas, including regional vascular anatomy. Describe arterial and venous anatomy and basic vascular hemodynamics . 71 Δ1.87 Discuss the anatomy, pathology, and pathophysiology of the arterial wall. A1.88 Summarize the etiology of specific categories of vascular disease: a. Venous disease: b. Arterial and peripheral vascular disease:

Martic and other vascular aneurysms A1.89 72 Explain the risk/reward ratio of surgical care for patients with vascular disease. 72 A1.91 Discuss the principles of and contraindications for anticoagulation and 72 1 thrombolytic therapy. Discuss the principles of angiography to include the following considerations: a. Indications and complications (including contrast-induced renal failure) A1.92 72 Describe the natural history of medically treated vascular disease in the 72 following categories: A1.94 Demonstrate knowledge of lower extremity occlusive disease in terms of the 73 following: A1.95 Discuss clotting factors and how they interact (coagulation cascade). 73 A1,96 Discuss the role of the following factors in maintaining homeostasis in the 73

		A1.97	Demonstrate knowledge of the pathophysiology of abdominal aortic aneurysm (AAA).	73	1	*	*	*
		A1.98	Understand the principles of laparoscopy.	18	1	*	*	*
Trauma / Shock / Acute surgical care	Senior	A1.100	Describe and explain the mechanics/ballistics associated with various wounding agents	31	1		*	*
		A1.101	Identify and delineate Retroperitoneal Zones I, II, and III	32	1		*	*
Surgical Critical Care		A1.102	Explain tissue oxygen supply and demand; e. Explain changes in tissue O2 delivery and uptake related to pH, temperature,	43	1		*	*
		A1.103	and 2,3-diphosphoglycerate (2,3-DPG) Discuss the physiological principles of Renal tubular acidosis (differentiate between Type I and II)	43	1		*	*
Surgical Oncology		A1.104	Discuss the known facts relative to tumor suppressive genes and implications of mutations.	49	1		*	*
		A1.106	Describe the indications and means for implementing nutritional support in the pre- and post- operative cancer patient.	49	1		*	*
		A1.107	Indicate potential alterations in pulmonary function in the elderly patient, which may affect preoperative preparation and postoperative management.	49	1		*	*
		A1.108	Analyze and explain the rationale for combined adjuvant modalities in the prevention and treatment of cancer recurrence.	49	1		*	*
Endocrine Surgery		A1.110	Discuss the pathophysiology of the following diseases: a. A solitary thyroid nodule	52	1		*	*
Breast Surgery		A1.111	Summarize the role of adjuvant chemotherapy and radiation therapy for the	55	1		*	*
		A1.112	treatment of primary breast carcinoma. Summarize the physiological changes associated with pregnancy, including breast problems peculiar to pregnancy.	55	1		*	*
		A1.113	Outline the importance of estrogen and progesterone and other receptors in the	55	1			
			prognosis and treatment of breast cancer.					
Abdominal Surgery		A1.114	Describe the pathophysiology of ascites in the following: a. Malignancy d. Cardiac disease b. Cirrhosis e. Renal disease	65	1		*	*
		A1.115	Discuss the pathophysiology of hepatic cirrhosis and portal hypertension.	66	1		*	*
		A1.116	Describe the etiology and pathophysiology of chronic pancreatitis.	66	1		*	*
		A1.118	Analyze the pathophysiology of short-gut syndrome.	66	1		*	*
Vascular Surgery		A1.120	Identify and describe vascular anatomy and regional anatomy related to vascular disease.	73	1		*	*
		A1.122	Explain the physiological of vascular disease, such as renovascular hypertension, portal hypertension, and renal failure.	73	1		*	*
		A1.123	Describe the pathogenesis of aneurysmal disease.	74	1		*	*
		A1.125	Demonstrate basic knowledge of the various types of graft and suture material available.	74	1		*	*
	N/A	A1.126	Knowledge of the anatomy of the anterior abdominal wall, breast, neck, oral cavity, esophagus, stomach, duodenum, small intestine, appendix, large intestine, rectum and anal region, gallbladder, extrahepatic biliary tree, liver,	17	1	*	*	*
		A1.128	Knowledge of the pathology of common inflammatory and malignant conditions.	17	1	*	*	*
Anatomy		A1.130	Outline the general concepts of anatomy and its subdivisions: a. Gross and cellular anatomy b. Molecular biology	20	1	*	*	*
		A1.132	Review, identify, and delineate the vulnerable structures encountered in surgical operations:	20	1	*	*	*
		A1.133	Compare the characteristics and functions of tissues and their components: a. Skin e.Nervous system	20	1	*	*	*
		A1.135	Define and describe anatomical aspects of complex general surgical operations: a. Bowel exposure maneuvers d. Bowel resection b. Whipple procedure e. Radical neck dissection	20	1	*	*	*
Physiology		A1.137	D. winipple procedure e. Addical neck dissection Identify physiological variations in geriatric, immunosuppressed, and pregnant patients.	21	1	*	*	*
		A1.139	Apply the physiology of water and sodium imbalance to the following: a. Extracellular fluid volume (ECFV) depletion c. Hyponatremia (hypo	22	1			
		A1.140	dentify water and electrolyte changes in response to various stress situations: a. Diseases, including trauma and burns b. Operative and non-operative therapy	22	1	*	*	*
		A1.141	Describe body water volumes and distribution.	22	1	*	*	*
		A1.143	Outline the normal electrolyte content of body fluids such as blood, extracellular fluid (ECF), urine, saliva, gastric juice, bile, and pancreatic fluid.	22	1	*	*	*
		A1.144	Summarize normal potassium physiology, causes, and consequences of depletion and excess, and treatment for potassium imbalance.	22	1	*	*	*
		A1.145	Discuss complexities of calcium, phosphorus, and magnesium excesses and deficiencies in the following:	22	1	*	*	*
		A1.146	a. Metastatic breast cancer c. Hyperparathyroidism Outline the pathophysiology of fluid and electrolyte problems in cardiac and	22	1	*	*	*
			peripheral revascularization, including reperfusion injury.					

	A1.147	Apply fluid and electrolyte principles.	23	1			
Surgical Infections	A1.148	Discuss the mechanisms of infection acquisition in surgical patients, such as: a. Mode of transmission (Community-acquired, nosocomial, or procedure-related)	24	1	*	*	*
	A1.149	Explain the role of bacterial inoculum and virulence, as well as local and systemic adjuvant factors that contribute to infection and abscess formation.	24	1	*	*	*
	A1.151	Analyze the infectious disease risks to which patients and surgeons are exposed.	24	1	*	*	*
	A1.152	Consider the most common infections Understand the operating room wound classification system as it applies to infection rate surveillance.	24	1	*	*	*
	A1.153	Understand the impact of "surgeon-related" factors to surgical infections such	24	1	*	*	*
	A1.154	as length of operation, handling of tissues, electrocautery, choice of suture, and Summarize related factors and frequency of occurrence of the following in a	24	1	*	*	*
	A1.155	febrile patient: Discuss the significance of the following organisms to patients:	24	1	*	*	*
	A1.156	a. Gram-positive cocci (coagulase-negative staphylococci, Staph. aureus, Summarize characteristics of those fungal infections of surgical significance,	25		*	*	*
	A1.158	differentiating between community-acquired, nosocomial, and opportunistic Describe viruses of surgical significance, indicating their prevalence and modes	25	1	*	*	*
	A1.159	of transmission. Discuss the pathophysiologyof necrotizing fasciitis, with special attention to risk	25	1	*	*	*
Wound Healing	A1.161	Describe the physiological process of normal wound healing.	27	1	*	*	*
	A1.162 A1.163	Explain the factors that affect wound healing. Describe the steps of normal wound healing, including	27	1	*	*	*
	A1.164	Discuss the pathophysiology of delayed wound healing.	27	,	*	*	*
	A1.165	Summarize the principles of wound protection and subsequent healing using: a. Dressings	27	1	*	*	*
	A1.166	Describe the microbiology of gangrene and necrotizing fasciitis.	27	1	*	*	*
	A1.167	Explain principles associated with the selection of appropriate incisions (applying surgical anatomy) with respect to the following: a. Blood supply d. Strength	27	1	*	*	*
Minimal Access Surgery	A1.169	Differentiate between conventional open and scope-assisted surgery, including the following:	69	1	*	*	*
		a. Anesthetic considerations d. Need for team participation b. Effects of pneumoperitoneum e. Differences in patient outcome					
	A1.171	Cardiovascular stability Discuss techniques for gaining access to the abdomen, including the following: a. Veress needle	69	1	*	*	*
	A1.172	b. Open (Hassan cannula) Discuss the physical limitations imposed on the user participating in minimal access surgery: a. Two-dimensional perspective	69	1	*	*	*
Pediatric Surgery		List contraindications for laparoscopic surgery, and be able to explain why these	70	1	*	*	*
	A1.176	Classify congenital malformations of the newborn by type, origin, a. Head and neck: thyroglossal duct cyst, lymphadenopathy, cystic hygroma	76	1			
Plastic and Reconstructive Surgery	A1.177	Discuss and compare skin and connective tissue according to the following: a. Anatomy	77	1	*	*	*
Juigery	A1.179	Describe the physiology of various techniques of skin and composite tissue transplantation with particular regard to component tissue circulation:	78	1	*	*	*
	A1.180	a. Skin drafts & flams (splitsus full c. Muocutaneous flams thickness) d. Categorize the pathophysiology of thermal, chemical, and electrical burns, including consideration of the following:	78	1	*	*	*
	A1.182	Define the TNM classification system used for neoplasms of skin, soft tissue, and	78	1	*	*	*
		head and neck.					
Outpatient Care	A1.184	Delineate appropriate pain medications and dosages.	80	1	w	*	*
Pediatric Surgery	A1.186	Understand the anatomical and physiological principles that guide successful operative repair.	76	1	*	*	*
Vascular Surgery	A1.187	Demonstrate knowledge of the anatomy, physiology, and pathophysiology of the vascular system, including congenital and acquired diseases.	71	1	*	*	*
Abdominal	A1.189	Demonstrate knowledge of the anatomy, physiology, and pathophysiology of	57	1	*	*	*
Surgery	A1.190	the stomach, duodenum, small and large bowel, liver, biliary tract, spleen, and Demonstrate knowledge of surgical pathophysiology, with an emphasis on	58	1	*	*	*
	A1.191	surgical management of surgical jaundice and mesenteric ischemia. Understand hepatobiliary, pancreatic, and gastrointestinal anatomy and	58	,	*	*	*
Breast Surgery	A1.192	physiology. Demonstrate knowledge of the anatomy, physiology, and pathophysiology of	54	1	*	*	*
Surgical	A1.194	the breast. Demonstrate an understanding of biology, pathology and prognosis of	47	1	*	*	*
Oncology Surgical Immunology	A1.195	neoplastic diseases. Demonstrate an understanding of general immunological principles in relation to surgical practice.	45	1	*	*	*
Trauma / Shock /	A1.197	Demonstrate an understanding of the mechanism and pathophysiology of shock.	29	1	*	*	*
Acute surgical care	A1.198	Demonstrate an understanding of the pathophysiologic effect of blunt and	29	1	*	*	*
Surgical	A1.199	penetrating trauma. Demonstrate an understanding of the principles of infection	24	1	*	*	*
Infections	A1.200	Demonstrate an understanding of the presentation and treatment of common	24				
Physiology	A1.201	surgical infections. Demonstrate knowledge of normal and abnormal physiology causing surgical	21	1	*	*	*
,30.06,		diseases.					
	A1.203	Demonstrate an understanding of normal fluid and electrolyte homeostasis.	21	1	*	*	*
Anatomy	A1.204	Demonstrate knowledge of anatomy that is pertinent to the practice of surgery.	20	1	*	*	*

A2 Assessment &	Trauma / Shock /	Junior	A2.1	Specify the trauma services needed for initial evaluation and resuscitation.	29	1	*	*		*
Diagnosis	Acute surgical care									
			A2.3	Outline basic techniques of evaluation of trauma patients using the ATLS protocol.	29	1	*	*		*
			A2.4	Summarize the clinical presentation and hemodynamic parameters associated	30	1	*	*		*
				with each type of shock using clinical terms (e.g., heart rate, respiratory rate,						
			A2.5	Propose an algorithm for diagnosing each shock type: a. Cardiogenic	30	1	*	*		*
			A2.6	Describe the indications and potential complications for the following surgical	31	1	*	*		*
				interventions: a. Bag mask ventilation b. Endotracheal intubation (oral and nasal) c.						
			A2.8	Review the importance of serial physical exams, hemodynamic monitoring, and serial lab evaluations.	31	1	*	*		*
			A2.9	Participate in trauma evaluation and intensive care unit (ICU) supervision of a	32	3				
				multiply injured patient.		-				
			A2.10	Recognize airway obstruction.	32	1	*	*		*
			A2.11	Diagnose cardiac arrest and rhythm disturbances.	32	1	*	*		*
			A2.12	Evaluate critical care parameters	33	1	*	*		*
			A2.14	Assess nutritional needs and institute necessary nutritional support.	33		,	,		· •
			A2.16	Monitor the trauma patient in the intensive care unit	33	1,2	*	*	*	*
	Emergency		A2.18	Outline the basic principles of triage in the emergency department, including	24	1	*	*		*
	Lineigency		, 12,10	a. Immediate treatment d. Expectant treatment	34	'				
			A2.19	Explain ATLS protocol for the resuscitation and stabilization of a seriously ill or injured	34	1	*	*		*
			A2.20	Describe the typical case scenarios for the following life-threatening problems	35	1	*	*		*
				requiring appropriate urgent/emergent action: a. Multiple system trauma h. Pulmonary embolus	.,					
			A2.21	Discuss the principles of evaluation for the following common minor problems:	35	1	*	*		*
			A2.22	a. Laceration evaluation c. Wound infection and treatment Summarize significant steps in the examination of dental/oral emergencies with	35	1	*	*		*
			A2.23	which a general surgeon should be familiar: Perform triage of emergency trauma patients.	36	1	*	*		*
			A2.24	Assess patients presenting emergency conditions using the appropriate	36	1	*	*		*
			A2.25	diagnostic protocol. Prioritize requests for diagnostic studies based on need and time required to	36	1	*	*		*
	Surgical Critical		A2.26	obtain results. Identify and outline criteria for admitting patients to the intensive care unit	37	1				
	Care		A2.27	(ICU), including the following: Identify and outline criteria for discharging patients from the ICU, including the	38	1	*	*		*
			A2.28	following: Outline indications for providing nutritional support:	38	1	*	*		*
			A2.29	a. Discuss indications of parenteral versus enteral forms of nutrition. Outline indications and methods for providing nutritional support:	38	1	*	*		*
			A2.30	a. Discuss indications. selection of formulations, and route of administration of d. Estimate protein calorie requirements for patients of varying degrees of	39	1	*	*		*
			A2.31	illness. and be Review cardiac function and hemodynamic monitoring from the following	41	1	*	*		*
			A2.32	standpoints. and Outline the protocol for defining patterns of hemodynamically unstable patients:	41	1	*	*		*
			A2.33	a. Predict improvements in hemodynamic status. Describe the initial evaluation, ongoing, acute monitoring, of possible	42	1	*	*		*
			A2.34	neurological or behavioral abnormalities occurring in the ICU setting: Provide initial evaluation of the critically ill postoperative patient.	44	1	*	*		*
			A2.35	Manage critically ill patients in the intensive care unit:	45	1	*	*		*
	Surgical			Distinguish between congenital and acquired immunodeficiency states.	46	1	*	*		*
	Immunology			Describe side effects and their treatment.	46		*	*		*
			A2.37	Explain the clinical definition of brain death, including a discussion of the	47	1	*	*		*
			A2.39	available laboratory and radiologic studies to support the clinical criteria. Recognize wound infections and other complex disorders in chronically	47	1	*	*		*
	Surgical On1-			immunosuppressed patients undergoing elective and emergent surgery.			*	*		*
	Surgical Oncology		A2.41	Identify and differentiate diagnostic features of benign versus malignant neoplasms (gross and microscopic).	48	1	*	,		•
			A2.42	Predict patterns of presentation of malignant neoplasms.	48	1	*	*		*
			A2.43	Describe characteristics of various staging systems and explain their use in evaluating neoplasms.	48	1	*	*		*
			A2.45	Perform complete histories and physical examinations of patients with cancer.	49	2			*	
			,	retromeomplete instance and physical examinations of patients martaneer.	77	_				
			A2.46	Formulate an appropriate differential cancer diagnosis for each cancer patient assigned.	49	1	*	*		*
	Endocrine		A2.48	Summarize the following aspects of endorsing path -1		1	*	*		*
	Surgery		A2.40	Summarize the following aspects of endocrine pathology: a. The criteria for the diagnosis of malignancy	51	'		_		
			A2.49	h. Chemocomal abnormalities as a sessaning disapostic tool Outline the differential diagnosis of the following:	52	1	*	*		*
			A2.50	a. Hypercalcemia b. Whoselisconsis Complete a preliminary evaluation of patients suspected of having endocrine	53	1.2	*	*	*	*
			,0	disease to include:	,,					
			A2.51	Perform a detailed evaluation of patients with suspected endocrine disease.	53	1,2	*	*	*	*
	Breast Surgery		A2.52	Distinguish between these common entities in the differential diagnosis of	54	1	*	*		*
				breast masses:						
			A2.53	Explain the general indications, uses, and limitations of mammography.	54	1	*	*		*
			A2.54	Describe the presentation, history of the following benign breast diseases:	54	1	*	*		*
				a. Lactational breast abscess d. Atypical epithelial hyperplasia						

A2.56 Discuss several causes of gynecomastia and outline an appropriate work -up. 55 Explain the clinical decision-making steps for the work-up of a breast mass. A2.58 55 A2.59 Perform simple procedures such as 56 b. Drainage of simple breast abscesses

Demonstrate an increasing level of skill in the physical examination of the A2.61 56 2 breast, including recognition of the range of variation in the normal breast. A2.62 Identify common lesions such as fibroadenomas, cysts, mastitis, and cancer. 56 A2.64 Perform simple mastectomy , lumpectomy, and excision of intraductal papillomas, under direct supervision. 57 A2.66 Assess the following signs associated with acute abdomen: 58 a. Referred pain c. Guarding b. Rebound tenderness d. Rigidity When considering the possibility of wound complications: 59 a. What are the risk factors for abdominal wound infection? b. What are the contributing factors for abdominal wound dehiscence and c. What are the usual clinical presentations and timing? Describe the presentation, and complications of non-operative management of different types of hernia. Know the clinical presentation, causes and diagnosis of motility disorders of the esophagusof paraesophageal hemias. A2.71 59 Know the clinical presentation, diagnosis of esophageal perforation. A2.73 Discuss types of benign esophageal neoplasms, including their clinical 60 presentation, diagnosis, and treatment. Understand types of malignant esophageal neoplasms, including their 60 presentation, diagnosis, histologic appearance A2.75 Emergent Gastro-Intestinal Problems 60 ■ Recognize and diagnose colonic volvulus.

Acute Abdomen and Peritonitis:

Il Develon a differential diagnosis through history and physical examination.

Il Recognize the clinical manifestations of non-surgical conditions such as pelvic A2.76 1,2 60 A2.77 61 inflammatory disease (PID) and acute pancreatitis, and differentiate from Inflammatory Bowel Disease and Nutrition

B Recognize acute and chronic diverticulitis. A2.78 61 M Recognize the complications of Crohn's disease and ulcerative colitis and Stomach and Upper GIT: A2.79 62 Describe the diagnosis of stress gastritis & peptic ulcer
 Understand the diagnosis of different types of post_gastrectomy
 Colo-Rectal Disease:. 62 A2.80 Recognize bleeding, obstruction, and perforation from colonic lesions Understand the principles of investigation in a patient with rectal bleeding.

Know when to plan investigations: carcinoembryonic antigen (CEA), A2.81 Learn indications for genetic screening of families for familial adenomatous 63 polyposis (FAP)/hereditary nonpolyposis colorectal cancer (HNPCC)/MYH gene mutation. Discuss the principal characteristics of the following: a. Metastatic lesions to the liver b. Primary malignancies of the liver and biliary tree Evaluate and diagnose acute abdomen and abdominal emergencies. 67 A2.86 Evaluate abdominal wound problems, including the following: 67 a. Infection c. Fasciitis
b. Eviscention d. Debiscence
Interpret the following, in coordination with attending radiologists and staff:
a. Acute abdominal series (identify free air, bowel obstruction, volvulus, and 67 atelectasis) A2.90 Anal Condition 63 1 A2.92 Perform appropriate preoperative work-up, and supervise postoperative care of 70 patients undergoing laparoscopic procedures. Assess patients' vascular systems using appropriate skills in history -taking and clinical 1,2 A2.93 Describe the relationship of the following disorders/practices to atherosclerotic A2.95 vascular disease: a. Diabetes mellitus d. Congestive heart failure A2.96 Describe life-threatening signs of vascular disease and indicate when immediate Summarize the therapeutic options of specific categories of vascular disease: A2.98 71 . Venous disease: Varicoso voin disease . Arterial and peripheral vascular disease: A2.99 72 Aortic and other vascular aneurysms Dutline the principles of non-invasive laboratory diagnosis; include a description 72 of the role and limitations of the vascular laboratory Summarize principles for the preoperative assessment of patients undergoing major vascular surgical procedures. A2.103 Describe the surgically correctable causes of hypertension and their diagnostic 72 modalities Demonstrate knowledge of the screening and diagnostic tests, and complications of abdominal aortic aneurysm (AAA).

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Minimal Access

Abdominal

Surgery

Vascular Surgery

A2.106 Evaluate patients for vascular disease.

		A2.108	Perform soft tissue lump excision and lymph node biopsy.	18	2		*	
		A2.110	Develop clinical skills such as physical examination and practical procedures related to general surgery.	13	2		*	
Trauma / Shock / Acute surgical care	Senior	A2.112	Identify indications for emergency operative procedures, such as cricothyrotomy and resuscitative thoracotomy.	31	1	*		*
		A2.114	Define and describe the Le Fort maxillary fracture classification system.	32	1	*		*
		A2.115	Identify and delineate Zones I, II, and III of penetrating injuries to the neck, and their management.	32	1	*		*
		A2.116	Triage multiple trauma victims.	33	1	*		*
Emergency		A2.117	Analyze the decision process in evaluating the need for emergency operative intervention in trauma or disease.	35	1	*		*
		A2.118	Perform triage of several sets of multiply traumatized patients (single victims) requiring in-hospital resuscitation or operative intervention.	36	1	*		*
Surgical Critical		A2.120	Describe the criteria for preoperatively predicting the patient's need for critical	42	1	*		*
Care		A2.121	care, including the following: Summarize the following moral and ethical problems encountered in the ICU:	42	1	*		*
		A2.122	a. The need for organ donation and the identification of potential donors Discuss the use of sepsis severity scores.	42	1	*		*
		A2.123	Distinguish between the major characteristics of septic shock and hypovolemic	42	1	*		*
		A2.124	Shock: Demonstrate the ability to perform the following:	43	, ,			
			a. Calculate oxygen delivery			*		*
		A2.125	Discuss the evaluation of the following bleeding disorders: a. The role of blood vessels, platelets, fibrin cascade, and degeneration in normal	43	1			
Surgical Oncology		A2.127	Recognize typical presentations and clinical manifestations for different types of neoplasms.	48	1	*		*
		A2.129	Describe differences in presentation and outcomes for malignancy in older patients.	49	1	*		*
		A2.131	Explain the rationale and methodology employed in lymphatic mapping and sentinel node biopsies, along with the expected level of positive findings.	49	1	*		*
		A2.132	Describe the criteria and necessary procedures for intraoperative monitoring of cardiovascular and pulmonary functions of the cancer patient.	49	1	*		*
		A2.133	Stage specific neoplasms clinically and pathologically using the TNM system.	50	1	*		*
		A2.135	Assess need and institute appropriate monitoring both preoperatively and postoperatively.	50	1	*		*
Endocrine Surgery		A2.136	Discuss the clinical presentationand work-up of the following diseases:	52	1	*		*
Breast Surgery		A2.137 A2.138	Evaluate patients with complex endocrine disease and present a differential Describe the characteristics and diagnosis of less common lesions of the breast:	54 55	1 1	*		*
		A2.139	a. Inflammatory carcinoma d. Cystosarcoma phylloides b. Paget's disease e. Rilateral breast carcinoma Describe the basics of staging and treatment of metastatic breast cancer,	55	1			
		A2.140	including the role of the following: a Chamotherany Summarize the major considerations for post-mastectomy breast reconstruction.	56	1	*		*
		A2.141	Explain the role of sentinel lymph node biopsy for breast cancer in terms of the	56	1, 2	 *	*	*
		A2.142	following: Identify and analyze data addressing controversial areas of breast disease, such	56	1	*		*
		A2.143	as the following: Formulate a diagnostic work-up for most common breast problems, including	57	1	*		*
		A2.144	the common types of breast carcinomas. Independently evaluate a new breast patient through history & physical	57	1,2	*	*	*
		A2.145	examination, ordering appropriate tests; e.g., mammogram, ultrasound, or MRI. Describe the etiology and manifestations of the following:	65	1	*		*
Abdominal Surgery		A2.147	a. Describe the diagnosis of different types of post-gastrectomy syndromes, including the following:	66	1	*		*
,		A2.148	including the following: Analyze the diagnosis of short-gut syndrome.	66	1	*		*
		A2.149	Discuss the diagnosis, and evaluation of cystic neoplasms of the pancreas (mucinous and serous cystadenomas; cystadenocarcinoma).	66	1	*		*
		A2.150	Describe the diagnosis, and evaluation of the following islet cell tumors of the pancreas:	66	1	*		*
		A2.151	Describe the diagnosis of pancreas divisum.	66	1	*		*
		A2.152	Describe the more common retroperitoneal tumors, sarcomas, and liposarcomas. (What are their clinical presentations and prognoses?)	66	1	*		*
Vascular Surgery		A2.153	Discuss the broad range of vascular illnesses, including congenital vascular disease and diseases of the venous and lymphatic systems.	73	1	*		*
		A2.154	Explain the organic manifestations of vascular disease, such as renovascular hypertension, portal hypertension, and renal failure.	74	1	*		*
		A2.155	Describe the complications of aneurysmal disease.	74	1	*		*
		A2.156 A2.157	Describe the indications for angioplasty and vascular stent placement along with risks and complications. Diagnosis prosthetic graft infections	74	1			
		A2.15/	Diagnosis prostnetic graft infections Apply knowledge to provide appropriate clinical care related to core clinical	13	1	*		*
		-	problems of general surgery.	.,				
		A2.159	Analyze and interpret findings using clinical skills to develop appropriate differential diagnoses for patients.	13	1	*		*

	N/A	A2.160	Be able to prioritize problems appropriately.	15	1		*		*
		A2.161	Ability to perform a concise history of present illness and physical exam.	17	2			*	
		A2.162	Ability to interpret common laboratory & radiologic tests.	17	. ,	*	*		*
		A2.163	Ability to diagnose, history, investigation the following: The breast and endocrine system	18	1	*	*		*
Anatomy		A2.164	The diagnosis of general surgical diseases	21	1	*	*		*
Physiology		A2.165	Indicate the normal values of commonly applied clinical tests.	21		*	*		*
, ,,									
		A2.166	Describe the application of physiological principles to surgical monitoring and therapy, including the following approaches:	21	1	*	*		*
		A2.167	d. Interpretation of results of common metabolic panel blood tests e. Interpretation of electrocardiogram (EKG), cardiac echoes, and other cardiac	22	1	*	*		*
		A2.168	Interpretation of electrocardiogram (ENG), cardiac echoes, and other cardiac	23	1	*	*		*
			homeostasis. Insert, maintain, and monitor arterial, venous, and central line						
		A2.170	Analyze pulmonary function tests, solve problems of abnormal respiration, and delineate weaning parameters.	23	1	*	*		*
		A2.171	Estimate the patient's state of sodium and water balance by history and physical examination, in the following locations/situations:	23	1,2	*	*	*	*
Surgical Infections		A2.173	Differentiate between cellulitis, lymphangitis, lymphadenitis, fasciitis, and abscess	25	1	*	*		*
		A2.175	Describe the mode of transmission, and diagnosis of surgical infections for the	25	1	*	*		*
		A2.177	Differentiate between types of postop pneumonia (non-ventilatory-associated, aspiration acquired, ventilatory-associated), and their risk factors, diagnostic	25	1	*	*		*
		A2.178	clues Discuss the diagnosis of necrotizing fasciitis, with special attention to physical examination findings.	25	1	*	*		*
		A2.179	Analyze situations where prophylactic antibiotics are discouraged:	25	1	*	*		*
		4. 0	a. Burns c. Early aspiration				*		*
		A2.181	Appropriately diagnose common infections seen in surgical patients.	26	1	*	*		*
		A2.182	Make appropriate and timely diagnoses for infections in postoperative patients	26	1	*	*		*
		A2.183	Diagnose necrotizing fasciitis and Clostridium perfringens infections.	26	1	*	*		*
		A2.184	Identify sources of implantable device infection; and confirm diagnosis	26	1	*	*		*
Wound Healing		A2.185	Define and describe the causes of postoperative wound complications such as	27	1	*	*		*
		A2.186	Discuss potential problems in complicated wound healing.	27	1	*	*		*
		A2.187	Assess the properties and uses of different suture material (absorbable/non-	28	1	*	*		*
		A2.188	absorbable) Evaluate the progress of wound healing.	28	1	*	*		*
		A2.189	Demonstrate an understanding of the applications and risks of minimal access surgery (MAS).	69	1	*	*		*
		A2.190	Discuss recognition of complications, including major vascular injury, massive	70	1	*	*		*
Pediatric Surgery		A2.191	carbon dioxide embolus, or visceral injury. Summarize the basic approach to the diagnosis of more common surgical	76	1	*	*		*
Plastic and		A2.193 A2.195	Explain the principles of diagnosis of common causes of gastrointestinal Demonstrate an understanding of the nature of congenital and acquired defects	77 77	1	*	*		*
Reconstructive Surgery			of the head, neck, trunk, and extremities.			*	*		*
		A2.197	Explain the methods for performing incisional and excisional biopsies of skin and oral cavity.	78	1				
		A2.199	Participate in the evaluation of a burned patient.	79	1,3	*	*		*
Abdominal Surgery		A2.201	Demonstrate an understanding of the presentation of diseases of the abdominal cavity and pelvis.	57	1	*	*		*
		A2.202	Demonstrate the ability to formulate and implement a diagnostic plan for	57	1	*	*		*
		A2.203	diseases of the abdomen and pelvis that are amenable to surgical intervention. Demonstrate an understanding of endoscopic procedures such as upper	58	1	*	*		*
Outpatient Care		A2.204	endoscopy, colonoscopy, and flexible sigmoidoscopy. Demonstrate the ability to obtain the essential elements of a focused	80	1,2	*	*	*	*
		A2.205	preoperative history, including assessment of medications. Accurately interpret clinical laboratory results, pathology reports, and	80	. 1	*	*		*
		A2.206	radiographic studies. Delineate the components of and discuss the importance of a focused history	80	1	*	*		*
			and physical examination performed in an outpatient setting on a patient with a surgical disease.						
		A2.207	Distinguish between different types of biopsy techniques in an outpatient	80	1	*	*		*
		A2.208	setting. Specify indications for common office procedures such as anoscopy.	80	1	*	*		*
		A2.209	Describe the expected appearance of wound sites at various postoperative intervals.	80	1	*	*		*
		A2.210	Postoperatively, obtain appropriate follow-up history, including: a. General well-being b. Pain control c. Nutritional state (ability to eat, nausea)	81	2			*	
			d. Level of activity e. Compliance with instructions (medications, physical therapy)						
		A2.211	Provide appropriate wound care. Identify wound problems, including the following:	81	1,2	*	*	*	*
			a. Superficial wound separation; abdominal dehiscence b. Seromas c. Infections (cellulitis or abscess, determining the need for antibiotics, drainage) d. Incisional hernia						
		A2.212	Perform appropriate postoperative examination of the surgical site.	81	. 2			*	
		A2.213	Assess the patient's ability to maintain levels of activity (driving, work, exercise).	81	2			*	
Surgical Oncology		A2.214 A2.215	Develop and hone skills in history taking, physical examination Demonstrate proficiency in diagnosis of the cancer patient	80 47	1	*	*		*
Surgical Critical		A2.216 A2.217	Demonstrate an understanding of the diagnosis of neoplastic diseases. Demonstrate the ability to diagnose patients with interrelated system disorders.	47 37	1 1	*	*		*
Care			, , , , , , , , , , , , , , , , , , , ,						

			A2.218	Demonstrate knowledge of the principles associated with the diagnosis of critically ill patients, including knowledge of multiple organ system normalities and abnormalities.	37	1	*	*		*
	Emergency		A2.219	Demonstrate the ability to evaluate all acute or life-threatening conditions, including major trauma in an emergency setting.	34	1	*	*		*
			A2.220	Demonstrate knowledge of disaster management, including the role of triage, and display the ability to apply this knowledge in an emergency setting.	34	1	*	*		*
	Anatomy		A2.221	Apply knowledge of anatomy to the diagnosis surgical patients.	20	1	*	*		*
A3 Management	Trauma / Shock / Acute surgical	junior	A3.1	Summarize basic critical care management principles.	29	1	*	*		*
	care		A3.2 A3.3	Discuss the management of trauma involving the musculoskeletal system. Outline basic techniques of resuscitation of trauma patients using the ATLS	29 29	1	*	*		*
				protocol.						
			A3.4	Identify management principles for a trauma patient in the intensive care unit. Outline indications for basic surgical procedures such as	30	1	*	*		*
			A3.5	a. Laparotomy b. Debridement of injured tissues c. Ultrasound d. Diagnostic	30	1				"
				peritoneal lavage (DPL) e. Thoracotomy/thoracostomy f. Hemorrhage control						
			A3.6	Propose an algorithm for initiating treatment for each shock type:	30	1	*	*		*
				a. Cardiogenic b. Hypovolemic						
				c. Distributive (septic, anaphylactic, neurogenic, and adrenal insufficiency						
				mediated)						
				d. Obstructive (cardiac tamponade, tension pneumothorax, pulmonary embolus)						
			A3.7	Analyze methods for initiating and maintaining ventilator/weaning support.	31	1	*	*		*
			A3.8	Define appropriate interventions in adult and pediatric patients with acute	31	1	*	*		*
			A3.9	airway obstruction and Outline the management of the following drains and tubes: nasogastric tube	31	1	*	*		*
			1.5.5	(NGT), urinary bladder catheter, chest tube, central venous line (CVL), and	J.					
				arterial line.						
			A3.10	Participate in trauma resuscitation, operative management of a multiply injured patient.	32	1,3	*	*		*
			A3.11	Manage the unconscious patient.	32	1	*	*		*
			A3.12	Manage airway obstruction.	32	1, 2	*	*	*	*
			A3.13	Manage flail chest (pneumothorax, hemothorax, and obstructive shock states).	32	1	*	*		*
			A3.14	Manage cardiogenic and septic shock.	32	1	*	*		*
			A3.15	Perform endotracheal and nasotracheal intubation.	32	2			*	
			A3.16	Perform cricothyrotomy and tracheostomy.	32	2			*	
			A3.17 A3.18	Apply closed-chest cardiac massage (CPR). Perform closed-chest defibrillation.	32 32	2			*	
			A3.19	Perform venous access procedures: subclavian, jugular, and femoral vein	32	2			*	
				catheterizations, and saphenous vein cutdown.						1 .
			A3.20	Estimate volume requirements in acute trauma and burns, and initiate replacement.	32	1	*	*		*
			A3.21	Control external blood loss.	32	1	*	*		*
			A3.22	Insert a variety of tubes (e.g., endotracheal, DPL, urinary catheter, NGT)	32	2			*	
			A3.23	Apply and remove all types of dressings and splints, including vacuum pack dressing.	32	2			*	
			A3.24	Perform emergency therapeutic procedures such as	33	2			*	
				a. Insertion of chest tubes b. Central line insertion						
			A3.25	c. Pericardiocentesi Suggest changes in management of patiets in the intensive care unit as	33	1	*	*		*
			7.3.23	indicated.	,,,	'				
			A3.26	Make decisions, under direct supervision, regarding changes in critical care	33	1	*	*		*
			A3.27	parameters Make and close a variety of incisions and tie knots using the sterile technique	22	2			*	+
			A3.27 A3.28	Assess nutritional needs and institute necessary nutritional support.	33 33	1	*	*		*
			A3.29	Direct the evaluation of an acutely injured patient to include resuscitation and	33	1	*	*		*
				the decision						
			A3.30	regarding operation. Formulate rehabilitation plans for trauma patients.	33	1	*	*		*
			A3.31	Suggest changes in management as indicated for the trauma patient in the	33	1	*	*		*
			42.22	intensive care unit		1	*	*		*
			A3.32	Manage pharmacologic treatment plans for patients during resuscitation and in the critical care unit.	33	'				"
	Emergency		A3.33	Describe the initial management of the injured patient(s) in the following stages	34	1	*	*		*
				of care:						
				a. Provide care in pre-hospital settings, including BLS b. Conduct triage in emergency departments						
				c. Serve as team leader and member during ATLS						
				d. Coordinate patient transport to tertiary facilities			*	*		*
			A3.34	Describe the considerations for establishing an airway appropriate to the patient's condition, including	34	1	*	. *		*
				a. Nasal trumpets/nasopharyngeal airway						
				b. Bag-mask assistance						
				c . E n d o t r a c h e a l t u b e d. Surgically created airways (cricothyroidotomy-needle or tube)						
			A3.35	Discuss the principles of management for the following common minor	35	1	*	*		*
				problems:						
				a. Laceration evaluation c. Wound infection and treatment b. Tetanus prophylaxis d. Surgical repair of wounds						
			A3.36	Discuss the principles of evaluation and management for the following common	35	1	*	*		*
				minor problems:						
				a. Laceration evaluation c. Wound infection and treatment						
			A3.37	b. Tetanus prophylaxis d. Surgical repair of wounds Explain the indications and appropriate methods for the following:	35	1	*	*		*
			3 3,	a. Peritoneal lavage d. Suprapubic catheter insertion	33					
				b.Insertion of chest tubes e. Central line insertion c. Pericardiocentesis						
			A3.38	f. Cricothyroidotomy Define the requirements for informed consent in the emergency setting:	35	1	*	*		*
				a. Life-threatening conditions						
				b. Minor surgery						
				c. Patients who are minors d. Patients unable to provide informed consent (non compos mentis)						
			A3.39	Summarize significant steps in the treatment of dental/oral emergencies with	35	1	*	*		*
				which a general surgeon should be familiar:						
				a. Cellulitis, including Ludwig's angina b. Peritonsillar abscess (Quinsy)						
			A3.40	Perform minor surgical procedures such as the following:	36	2			*	
				a. Drainage of abscesses d. Wound debridement						
				b. Wound closure e. Bladder catheterization c. Removal of foreign bodies						
			A3.41	Perform basic surgical procedures such as the following:	36	2			*	
				a. Laparotomy b. Wound debridement						
			A3.42	Establish emergency stabilization of the traumatized patient via the following	36	2			*	
				precautions: a. Cervical spine protection						
				b. Prevention of hypothermia						
			A3.43	Establish the following airways:	36	2			*	
				a. Perform bag-mask ventilation						
				b. Insert nasopharyngeal or oropharyngeal airways c. Perform endotracheal intubation (oro- and naso-pharyngeal)						

 A3.44
 Assist with acute resuscitation procedures as indicated.

 A3.45
 Establish access to the central venous system.

 A3.46
 Describe, apply, and revise appropriate treatment interventions based upon an
 analysis of changes in the patient's clinical and laboratory parameters: a. Adjustment of intravenous fluids with respect to expected stress, including metabolic, hormonal, cardiovascular, and renal responses to replacement of fluid b. Efficacy of prophylactic measures for pulmonary empolism, stress ulceration, infection c. Adequacy of nutritional support in a patient with multiple sites of protein (e.g., fistulas, drain sites, or metabolic stressors [infection, acute lung injury {ALI}])
d. Analysis and methods of treatment of postoperative fever e. Events leading to and responsible for initiation of ventilatory support f. Differences in low cardiac output, hypotensive/hypertensive states in terms of preload, pump, or afterload.
g. Analysis and treatment of seizures or acute changes in mental status, including the role of the following:

BABC's (airway, breathing, circulation)
Intravenous glucose/thiamine h. Analysis and treatment of acute respiratory failure from changes in airway. pump, and lung Describe the commonly used indications for initiation of ventilation support, 39 including the following: a. Indications and commonly acceptable values for initiation of mechanical b. Evaluation of airway c. Evaluation of adequacy of thoracic pump (muscle strength)
d. Evaluation of lung parenchymal characteristics (arterial blood gases and chest e. Analysis of commonly used pulmonary values (e.g., tidal volume [Vt], positive expiratory pressure (PEEP), auto PEEP, airway pressure)
f. Indications and commonly acceptable values for weaning from mechanical ventilation Outline methods for providing nutritional support:

a. Discuss selection of formulations, and route of administration of parenteral 38 versus enteral forms of nutrition. b. Select methods to avoid complications of parenteral and enteral routes of feeding, Review the management of and create a diagram of a plan for the care of the 39 critically ill surgical patient with multiple medical problems, such as the following:
a. Cardiac dysrhythmias
b. Pulmonary insufficiency from airway, bellows (pump), or parenchymal problems c. Acute/chronic renal failure with hemodynamic instability or need for specific fluid therapy (TPN), renal replacement therapy, or high output GI fistulas d. Diabetes mellitus and its special problems in the realm of nutritional support e. Hemodynamic instability in the face of acute/chronic renal or pulmonary insufficiency Describe the management of ventilator-dependent patients, including the 40 a. Pneumonias (aspiration or nosocomial) b. Acute renal failure c. Cardiac failure
d. Prevention of malnutrition or restitution of body stores e. SIRS, multiple organ dysfunction syndrome (MODS) f. Sepsis g. Skin care problems h. Physical therapy (maintenance of muscle function, prevention of contractions) i. Psychological support for both patient and family Review management of the mechanically ventilated patient with the following 40 problems: a. Areas of differing compliance Borderline cardiac reserve

Outline the protocol for managing hemodynamically unstable patients, 41 and analyze the selection of appropriate therapy by completing these activities: b. Detect and revise therapies based on the use of invasive/noninvasive monitoring devices. Outline the protocol for defining patterns and managing hemodynamically unstable patients, and analyze the selection of appropriate therapy by completing these activities: a. Predict improvements in hemodynamic status.
 b. Detect and revise therapies based on the use of invasive/noninvasive monitoring devices. Discuss the identification and correction of complex acid-base problems, such as A3.54 41 choice of intravenous fluids for electrolyte replacement, in the following: a. Hyperchloremic, metabolic-acidotic patient
 b. Hypochloremic, metabolic-alkalotic patient c. Stuporous, dehydrated, hyponatremic patient d. Stuporous, dehydrated, hypernatremic patient
Describe the long term management of possible neurological or behavioral 42 abnormalities occurring in the ICU setting: a. Seizures d.Multifactorial effects of "post-op confusion" b.Coma c. Stroke e.Delirium f. Brain death Provide management of the critically ill postoperative patient. A3.56 44 44 Institute the following therapeutic interventions a. Manage fluid orders. b. Determine ventilator settings. c. Order supportive drugs. d. Determine the need for and duration of antibiotic therapy.

Surgical Critica Care

	A3.58	Perform the following procedures: a. Orotracheal and nasotracheal intubation; nasogastric and bladder intubation b. Arterial catheter insertion c. Central venous and pulmonary artery catheter insertion d. Placement of tube thoracotomy e. Cricothyrotomy f. Pericardiocentesis	44	2			*	
	A3.59	Manage critically ill patients in the intensive care unit: a. Select initial ventilator settings. b. Compute initial and ongoing fluid requirements. c. Establish IV access and maintain appropriate sterile techniques for evaluation of fever.	45	1	*	*		*
Surgical Immunology	A3.60 A3.61	Explain therapeutics of intravenous immunoglobulin and viral vaccines. Distinguish between congenital and acquired immunodeficiency states.	46 46	1	*	*		*
	A3.62	Treat wound infections and other complex disorders in chronically immunosuppressed patients undergoing elective and emergent surgery. Participate in the perioperative management of immunosuppressive agents in	47	3				
	A3.64	chronically-medicated patients undergoing general surgery. Plan and perform elective surgery in immunosuppressed patients with minimizing infectious risks. Perform emergent surgical intervention in similar high-risk patients.	47	1,2	*	*	*	*
rgical Oncology	A3.65 A3.66	Analyze and formulate a plan for management of the organ donor. Describe surgical techniques and operative procedures designed to treat malignant diseases and their application to endoscopic operative techniques.	47 48	1	*	*		*
	A3.67	Describe indications for curative versus palliative treatment, and formulate therapeutic plans for each approach. Summarize the nutritional requirements for cancer patients, and describe how	48	1	*	*		*
	A3.69 A3.70	they differ from those recommended for a healthy patient. Excise benign lesions of skin, dermal appendages, and breast. Demonstrate proper wound care and follow-up management.	50 50	2 1,2,3	*	*	*	*
	A3.71	Close wounds following major resections.	50	2			*	
	A3.72	Manage colostomies and ileostomies.	50	1,2	*	*	*	*
	A3.73	Assist with colostomies, ileostomies, and wedge resections of lung and liver.	50	3				
	A3.74	Perform feeding gastrostomies and tube jejunostomies.	50	2			*	
Endocrine Surgery	A3.75	Outline the approach to the surgical management of diseases of the endocrine system: a. Is the treatment of each disease primarily surgical or medical? b. Is surgical treatment different for benign versus malignant disease? c. Is surgical treatment curative or palliative?	51	1	*	*		*
	A3.76	d. Is surgical treatment directed at the target organ or primary organ? e. What role does lesion localization play in endocrine disorders? Participate in the preoperative and postoperative care of patients undergoing	53	3				
	A3.77 A3.78	endocrine surgery. Observe endocrine surgery cases. Observe and assist in surgery of the thyroid, parathyroid, adrenal glands, and	53 53	3				
	A3.79	pancreas. Manage the preoperative and postoperative care of patients with endocrine disease, under	53	1	*	*		*
Breast Surgery	A3.80	supervision. Describe the treatment of the following benign breast diseases: a. Lactational breast abscess d. Atypical epithelial hyperplasia b. Chronic recurring subareolar abscess e. Fibroadenoma c. Intraductal papilloma	54	1	*	*		*
	A3.81	Discuss principles for the treatment of breast cancer, such as the following: a. Local control (surgery/radiation therapy) b. Systemic control (chemotherapy/hormonal therapy/targeted therapy) c. Palliative therapy	55	1	*	*		*
	A3.82	Perform simple procedures such as: a. Diagnostic fine-needle aspiration of cysts c. Core needle & Open biopsy of breast masses	56	2			*	
	A3.83 A3.84	Perform open breast biopsies Demonstrate familiarity with male breast problems, e.g., gynecomastia and breast cancer. a. Disruss risk factors	57 57	1	*	*	*	*
Abdominal Surgery	A3.85	b. Outline appropriate work-up and management Be familiar with the indications for splenectomy and the perioperative preparation and management of patients undergoing splenectomy for	59	1	*	*		*
	A3.86	hematologic disease. Understand the principal laparotomy incisions and techniques for closure of abdominal wall incisions, including the characteristics of common suture	59	1	*	*		*
	A3.87	materials, and the rationale for choosing a given material and/or technique. Know the treatment of motility disorders of the esophagus, as well as management of parageophageal hemias	59	1	*	*		*
	A3.88 A3.89	Know the management of esophageal perforation. Understand types of malignant esophageal neoplasms, including their treatment.	60 60	1	*	*		*
	A3.90	Review principles of nutritional management of patients with esophageal neoplasms.	60	1		*		
	A3.91	Emergent Castro-Intestinal Problems: Biscuss alternative approaches to acute bowel obstruction. Bireat colonic volvulus. Bireat colonic volvulus. Bireat colonic volvulus. Bireat colonic volvulus. Bireat Sible diverticulitis. Bireat Sible perforation and peritonitis. Bireat bowel perforation and peritonitis. Bireat acute intestinal ischemia, including ischemic colitis. Bireat acute intestinal ischemia, including ischemic olitis. Bireat acute intestinal ischemia, including ischemic olitis. Bireat acute intestinal periodic precurrent colorectal and anal cancer. Bireat Odiversion and including ischemic olitis. Bireat Odiversion and including ischemic olitis. Bireat Odiversion and including ischemic olitis. Bireat Odiversion and including ischemic olitis.	60	1	*	*		*
	A3.92	Acute Abdomen and Peritonitis:	61	1	1 -	"		"
	A3.93	Dutline theraputic options for with acute abdomen Inflammatory Bowel Disease and Nutrition Understand the differences between Crohn's disease and ulcerative colitis. Discuss the indications for surgery in ulcerative colitis and Crohn's disease. Summarize the conditions favoring operative versus non-operative treatment for fistulae. Describe the medical and surgical treatment of morbid obesity. Understand the principles of surgical management of obesity. Prepare and manage obese patients perioperatively for bariatric and non-bariatric surgery.	61	1	*	*		*
		Recognize the physiological changes following bariatric surgery and the common complications.						

A3.94	Stomach and Upper GIT:	62	1	*	*		Т
	Understand management of peptic ulcer disease.						
	🗈 Describe treatment, and prophylaxis of stress gastritis.						
	Understand the management of different types of post gastrectomy syndromes including:						
	a. Dumping syndrome d. Alkaline reflux gastritis						
	b. Metabolic disturbances e. Afferent loop syndrome						
A3.95	c. Efferent loop syndrome f. Gastric atony Colo-Rectal Disease:	62	1	*	*	-	H
	🛮 Follow a patient treated for colorectal carcinoma.						
	B Know how to manage benign and malignant polyps, including villous tumors of the rectum.						
	■ Understand the principles of adjuvant therapy (chemotherapy and radiation) in						
	colorectal carcinoma.						
A3.96	Understand the progression of normal colonic epithelium to cancer. Anal Condition	63	1	*	*	-	⊦
713.90	Know how to treat causes of anorectal bleeding, pain, soiling, and prolapse.	05	· ·				
	Offer alternative treatment for prolapsing hemorrhoids Treat thrombosed external hemorrhoids and prolapsed internal hemorrhoids.						
	Expression of the treatment for perianal and ischiorectal abscesses.						
	BManage common anorectal problems, including hemorrhoids (internal and						
	external), anal fissure, fistula/abscesses, pruritus ani, and pilonidal disease.						
A3.97	Liver & Biliary Tract	63	1	*	*		T
	Discuss various types of liver cysts (parasitic and nonparasitic) and the						
A3.98	appropriate management of each. Discuss the treatment of the following:	64	1	*	*		t
	a. Metastatic lesions to the liver						
	b. Primary malignancies of the liver and biliary tree c. Benign tumors of the liver						
	Summarize the etiology and management of pyogenic and amebic hepatic						
	abscesses.						
	Outline the pathophysiology, evaluation, and management of the following: a. Choledochal cysts h. Gallstone pancreatitis						
	b.Caroli's disease i. Benign biliary strictures						
	c. Sclerosing cholangitis j. Acute cholecystitis						
	d.Primary biliary cirrhosis k. Symptomatic gallstones e. Secondary biliary cirrhosis I. Acalculous cholecystitis						
	f. Cholangitis m. Biliary dyskinesia						
A2.00	g. Gallstone ileus n. Congenital biliary atresia	6.	1		*	-	╀
A3.99	Pancreas	64	'	~			
	Management of the following in relation to pancreatitis: abscess, sterile						
	pancreatic necrosis, and infected pancreatic necrosis Provide indications for operative management of pancreatitis.						
	Manage gallstone pancreatitis with timing of surgery.						L
A3.100	c. Indications for:	65	1	*	*		
	i. Operative versus nonoperative biliary drainage ii. Percutaneous versus endoscopic stenting						
	iii. Resection						
	iv. Concomitant gastrojejunostomy with operative biliary bypass						
	Discuss presentation, evaluation, and management of pancreatic pseudocysts with attention to the following:						
	a. Complications of pseudocysts (hemorrhage, infection, rupture)						
	b. Timing of drainage						
	c. Percutaneous versus surgical drainage d. Indications for external versus internal drainage						
	e. Choice of internal drainage procedure						
A3.101	■ Explain the diagnosis and management of pancreatic ascites. Institute management of abdominal wound problems, including the following:	67	1	*	*	-	+
	a. Infection c. Fasciitis	-/					
A3.102	b. Evisceration d. Dehiscence Coordinate preoperative and postoperative care for the patient with acute	67	1	*	*	-	╀
7.3.102	abdomen.	0/	l '				L
A3.103	Assist in the management of the patient with acute abdomen and abdominal	67	1,2	*	*	*	
A3.104	emergencies. Assist in the perioperative management of patients undergoing abdominal	67	1,2	*	*	*	
	surgery.						
A3.105	Institute drainage for abdominal wall fistula and protection of surrounding skin.	67	2			*	
A3.106	Assist in closure of abdominal incisions; exhibit competency in suture technique	67	1,2	*	*	*	
	S.		,				
A3.107	Assist and properly perform surgical hemorrhoidectomy, perianal abscess drainage, and perianal fistulectomy.	67	2,3				
A3.108	drainage, and perianal fistulectomy. Assist and properly perform surgical open and laparoscopic appendectomy.	67	2,3				
A3.109	Assist and properly perform surgical laparoscopic cholecystectomy.	68	2,3				
A3.110	Perform uncomplicated hepatobiliary surgery under supervision, such as cholecystectomy, both laparoscopic and open, with operative cholangiography.	68	2				
	and operative cholanging aprily.						
A3.111	Perform entry of body cavities using open (Hassan cannula) versus closed	70	2				
A3.112	(Veress needle) access. Perform procedures of increasing complexity under supervision, including the	70	2				
,	following:	,,,	_				
	a. Diagnostic laparoscopy						
A3.113	b. Laparoscopic cholecystectomy and appendectomy Provide assistance in laparoscopic surgery (e.g., manage camera, first assist).	70	3				
A3.114	Demonstrate familiarity with laparoscopic equipment, including setup and	70	1, 2	*	*	*	Г
Δ2 445	trouble-shooting.	70	<u> </u>	*	*	-	╀
A3.115	Demonstrate an understanding of basic principles of patient positioning and room setup for diagnostic laparoscopy and laparoscopic cholecystectomy.	70	1	L			
A3.116	Demonstrate the ability to convert from a minimal access to open approach.	70	2		*	*	F
A3.117 A3.118	Outline the principles of care for ischemic limbs. Summarize principles of postoperative care of patients undergoing major	72	1 1	*	*		H
	vascular surgical procedures.	/-					L
A3.119	Outline the fundamental elements of nonoperative care of the vascular patient	72	1	*	*		ľ
A3.120	Indicate the role of anticoagulant agents, including antiplatelet agents, in the	72	1	*	*	+	H
	management of patients with vascular disease.	, ·					L
A	Demonstrate knowledge of the manifestation and management of lower	73	1	*	*		ľ
A3.121	extremity occlusive disease in terms of the following:						
A3.121	T. Limitations of the ABI in diabetic patients and the value of toe pressure						L
	f. Limitations of the ABI in diabetic patients and the value of toe pressure measurements			*	*	*	ľ
A3.121	measurements Illustrate the general principles of vascular surgical techniques, including the	73	1.2				1
	measurements Illustrate the general principles of vascular surgical techniques, including the following:	73	1.2				
A3.122	measurements Illustrate the general principles of vascular surgical techniques, including the following: a. Vascular control and suturing c. Angioplasty b. Endarterectomy d. Bypass grafting						L
	measurements Illustrate the general principles of vascular surgical techniques, including the following: a. Vascular control and suturing c. Angioplasty b. Endarterectomy d. Bypass grafting Demonstrate knowledge of the management and surgical approaches of	73	1.2	*	*		ŀ
A3.122	measurements Illustrate the general principles of vascular surgical techniques, including the following: a. Vascular control and suturing c. Angioplasty b. Endarterectomy d. Bypass grafting				*		
A3.122	measurements Illustrate the general principles of vascular surgical techniques, including the following: a. Vascular control and suturing c. Angioplasty b. Endarterectomy d. Bypass grafting Demonstrate knowledge of the management and surgical approaches of abdominal aortic aneurysm (AAA).	73	1		*		

Minimal Access Surgery

Vascular Surgery

A3.127 A3.128 A3.129 A3.129 A3.130 A3.131 A3.131 A3.132 A3.133 A3.134 A3.136 A3.137 A3.138 A3.140 A3.141 A3.142 A3.143 A3.144 A3.145	Participate in amputations with specific attention to: a. Demarcation levels b. Control of toxicity Participate in thromboendarterectomy and thrombectomy. Demonstrate skill in basic surgical techniques, including the following: a. Knot tying d. Incisions and closure b. Exposure and retraction e. Handling of graft material c. Knowledge of instrumentation Demonstrate proficiency in venous access procedures. Obtain vascular control of diseased or traumatically occluded blood vessels using: a. Vascular clamp b. Vessel loop c. Balloon occlusion Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate aspeptic technique in performing operative and bedside procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform an open incisional hernia repair with or without mesh. Perform breast biopsy and breast lump excision. Gain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hernia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment yndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define dabdominal compartment syndrome.	75 74 75 74 75 75 75 75 18 18 18 18 18 19 31 31	2,3 2,3 2 2,3 2,3 1,2 2,3 2 2 2 2 2 2 1		*		
A3.128 A3.129 A3.128 A3.129 A3.130 A3.131 A3.132 A3.133 A3.134 A3.135 A3.136 A3.137 A3.138 A3.140 A3.141 A3.142 A3.145 A3.146	Participate in thromboendarterectomy and thrombectomy. Demonstrate skill in basic surgical techniques, including the following: a. Knot tying d. Incisions and closure b. Exposure and retraction e. Handling of graft material c. Knowledge of instrumentation Demonstrate proficiency in venous access procedures. Obtain vascular control of diseased or traumatically occluded blood vessels using: a. Vascular clamp b. Vessel loop c. Balloon occlusion Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate aspetic technique in performing operative and bedside procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform breast biopsy and breast lump excision. Cain proficency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hemia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome.	74 75 75 75 75 75 18 18 18 18 18 19 19 30 31 31	2,3 2,3 1,2 2,3 2 2 2 2 2 2 1		* *		*
A3.128 A3.129 A3.128 A3.129 A3.130 A3.131 A3.132 A3.133 A3.134 A3.135 A3.136 A3.137 A3.138 A3.140 A3.141 A3.142 A3.145 A3.146	Demonstrate skill in basic surgical techniques, including the following: a. Knot tying d. Incisions and closure b. Exposure and retraction e. Handling of graft material c. Knowledge of instrumentation Demonstrate proficiency in venous access procedures. Obtain vascular control of diseased or traumatically occluded blood vessels using: a. Vascular clamp b. Vessel loop c. Balloon occlusion Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate aspetic technique in performing operative and bedside procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform an open incisional hernia repair with or without mesh. Perform breast biopsy and breast lump excision. Cain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hernia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Permulate a plan for rehabilitation to return the trauma patient, to full functional life. Define abdominal compartment syndrome.	74 75 75 75 75 75 18 18 18 18 18 19 19 30 31 31	2,3 2,3 1,2 2,3 2 2 2 2 2 2 1	•	* *		*
A3.130 A3.131 A3.132 A3.133 A3.134 A3.135 A3.136 A3.136 A3.137 A3.138 A3.141 A3.142 A3.142 A3.144 A3.144 A3.144 A3.145	Demonstrate proficiency in venous access procedures. Obtain vascular control of diseased or traumatically occluded blood vessels using: a. Vascular clamp b. Vessel loop c. Balloon occlusion Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate aseptic technique in performing operative and bedside procedures secognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform an open incisional hernia repair with or without mesh. Perform herast biopsy and breast lump excision. Cain proficency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hernia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.	75 75 75 18 18 18 18 18 13 30 31 31	2,3 1,2 2,3 2 2 2 2 2 2 1	*	* *		*
A3.130 A3.131 A3.132 A3.133 A3.134 A3.135 A3.136 A3.136 A3.137 A3.138 A3.141 A3.142 A3.142 A3.144 A3.144 A3.144 A3.145	Obtain vascular control of diseased or traumatically occluded blood vessels using: a. Vascular clamp b. Vessel loop c. Balloon occlusion Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate aspect technique in performing operative and bedside procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform an open incisional hemia repair with or without mesh. Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform practs biopsy and breast lump excision. Gain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hemia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome.	75 75 75 18 18 18 18 18 13 30 31 31	2,3 1,2 2,3 2 2 2 2 2 2 1	*	* *		*
A3.130 A3.131 A3.132 A3.133 A3.134 A3.136 A3.137 A3.136 A3.139 A3.140 A3.141 A3.142 A3.142 A3.144 A3.144 A3.145 A3.146	a. Vascular clamp b. Vessel loop c. Balloon occlusion Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate aspect technique in performing operative and bedside procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform atorial internal sphincterotomy for anal fissure under anesthesia. Perform atorial internal sphincterotomy for anal fissure under anesthesia. Perform baeral internal sphincterotomy for anal fissure under anesthesia. Perform baeral internal sphincterotomy for salls (e.g., reduction of incarcerated inguinal hemia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome.	75 75 18 18 18 18 18 18 13 30 31 31	2,3 1,2 2,3 2 2 2 2 2 2 1	*	* *		*
A3.131 A3.132 A3.133 A3.134 A3.135 A3.136 A3.137 A3.138 A3.139 A3.140 A3.141 A3.142 A3.143 A3.144 A3.145 A3.144 A3.145 A3.146	Demonstrate appropriate vascular suture techniques. Evaluate and manage sympathectomy procedures. Demonstrate aseptic technique in performing operative and bedside procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform an open incisional hernia repair with or without mesh. Perform breast biopsy and breast lump excision. Cain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hernia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment treat abdominal compartment syndrome.	75 18 18 18 18 18 18 13 30 31 31	1,2 2,3 2 2 2 2 2 2 2 1	*	* *		*
A3.131 A3.132 A3.133 A3.134 A3.135 A3.136 A3.137 A3.138 A3.139 A3.140 A3.141 A3.142 A3.143 A3.144 A3.145 A3.144 A3.145 A3.146	Evaluate and manage sympathectomy procedures. Demonstrate aseptic technique in performing operative and bedside procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform an open incisional hernia repair with or without mesh. Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform breast biopsy and breast lump excision. Gain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hemia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment pridrome.	75 18 18 18 18 18 18 13 30 31 31	1,2 2,3 2 2 2 2 2 2 2 1	*	* *		*
A3.132 A3.133 A3.134 A3.135 A3.136 A3.137 A3.138 A3.140 A3.141 A3.142 A3.145 A3.145 A3.146	Demonstrate aseptic technique in performing operative and bedside procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform an open incisional hernia repair with or without mesh. Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform materal internal sphincterotomy for anal fissure under anesthesia. Cain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hernia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome.	18 18 18 18 18 13 30 31 31	2,3 2 2 2 2 2 2 2	*	* *		*
A3.133 A3.134 A3.135 A3.136 A3.137 A3.138 A3.139 A3.140 A3.141 A3.142 A3.144 A3.145 A3.146 A3.146	procedures. Recognize the appearance of normal and abnormal tissues in the operating room. Perform an umbilical, inguinal, and femoral hernia repair using tension-free techniques. Perform an open incisional hernia repair with or without mesh. Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform breast biopsy and breast lump excision. Gain profidency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hernia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome.	18 18 18 18 18 13 30 31 31	2 2 2 2 2 2 1	*	* *		*
A3.134 A3.135 A3.136 A3.137 A3.138 A3.140 A3.141 A3.142 A3.143 A3.144 A3.145 A3.146	techniques. Perform an open incisional hemia repair with or without mesh. Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform breast biopsy and breast lump excision. Cain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hemia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.	18 18 18 18 13 30 31 31	2 2 2 2 2 1	*	* *		*
A3.135 A3.36 A3.137 A3.138 A3.139 A3.140 A3.141 A3.142 A3.143 A3.144 A3.144 A3.144	Perform lateral internal sphincterotomy for anal fissure under anesthesia. Perform breast biopsy and breast lump excision. Gain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated inguinal hemia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.	18 18 18 13 30 31 31	1 1 1	*	* *		*
A3.136 A3.137 A3.138 A3.139 A3.140 A3.141 A3.142 A3.143 A3.144 A3.145 A3.146	Perform breast biopsy and breast lump excision. Gain proficiency in a variety of psychomotor skills (e.g., reduction of incarcerated ingulanl hemia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome.	18 13 30 31 31 31	1 1 1	*	* *		*
A3.138 A3.139 A3.140 A3.141 A3.142 A3.143 A3.144 A3.145 A3.146	inguinal hemia, wound closure, knot tying). Obtain fundamental knowledge related to core clinical problems of general surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.	13 30 31 31	1 1 1	*	* *		*
A3.139 A3.140 A3.141 A3.142 A3.143 A3.144 A3.145 A3.146	surgery Analyze pharmacological support for trauma resuscitation patients. Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.	30 31 31 31	1		*		*
A3.140 A3.141 A3.142 A3.143 A3.144 A3.145 A3.146	Develop a treatment plan to treat abdominal compartment syndrome. Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.	31 31 31	1		*		*
A3.141 A3.142 A3.143 A3.144 A3.145 A3.146	Discuss the management of associated medical conditions seen in the trauma patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.	31			*		*
A3.142 A3.143 A3.144 A3.145 A3.146	patient, such as diabetes, chronic obstructive pulmonary disease, hypertension, and HIV. Formulate a plan for rehabilitation to return the trauma patient to full functional life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.	31	1		*		
A3.143 A3.144 A3.145 A3.146	life. Define abdominal compartment syndrome. develop a treatment plan to treat abdominal compartment syndrome.		1		*		
A3.144 A3.145 A3.146	abdominal compartment syndrome.	31					*
A3.145 A3.146		1	'		*		*
A3.146		31	1		*		*
	surgery in the treatment of the traumatized patient. Identify and delineate the management of blunt and penetrating	32	1		*		*
	retroperitoneal injuries. Analyze the transfer of a patient to an appropriate facility utilizing air medical	32	1		*		*
	services. Manage penetrating wounds through an understanding of the injury potential of	33	1		*		*
	wounding mechanisms. Provide management for pre-existing disease states in injured patients with				*		*
A3.148	Provide management for pre-existing disease states in injured patients with appropriate consultation.	33	1				
A3.149		33	2				
A3.150		33	1,2		*	*	*
A3.151	Manage trauma to the upper airway.	33	1		*		*
A3.152	Describe indications for emergency thoracotomy and the appropriate operative approach.	35	1				*
A3.153		36	2			*	
A3.154		37	2&3			*	
A3.155		37	1,2		*	*	*
A3.156	Distinguish between the major characteristics of septic shock and hypovolemic shock: b. Analyze therapeutic options.	42	1		*		*
	monitoring.						
A3.157	Summarize the following moral and ethical problems encountered in the ICU: c. Care for the mentally incapacitated or incompetent patient	42	1		*		*
A3.158	Discuss management of the overall hospital course for patients with altered physiological states:	43	1		*		*
	a. Preoperative considerations specific to their disease b. Operative considerations specific to their disease						
A3.159		43	1		*		*
3 33	base problems: a. Renal tubular acidosis (differentiate between Type I and II) b. Management of high output loss states from the GI tract in patients with poor cardiac function	· O					
A2.45=	hyponatremia				-		
A3.160	a. The role of blood vessels, platelets, fibrin cascade, and degeneration in normal hemostasis b. Disseminated intravascular coagulopathy (DIC), defining common causes and therapy c. Thrombocytopenia as a failure of production, accelerated destruction, or	43	1				
	d. Hemophilia A e. Idiopathic thrombocytopenic purpura (ITP) and thrombotic thrombocytopenic purpura (TTP) as causes of thrombocytopenia (compare and contrast) f. Heparin and Coumadin therapy and misapplication g. Advanced liver disease h. The roles of Protein C and S, in coagulation and bleeding disorders						
A3.161	Describe and specify therapy for the following, in association with critical care: a. Hypothyroidism/hyperthyroidism b. Hyperparathyroidism/hypoparathyroidism (changes in calcium and magnesium) c. Adrenal cortical excess (Cushing's disease and syndrome)	44	1		*		*
A2 46-	d. Adrenal cortical deficiency states (Addison's disease)				*		
ng-102	Review and summanze the management of hepatic and renal tailure, including the following: a. Utility/disutility of disease-specific nutritional formulations b. Adjustment or elimination of toxic substances (antibiotics, contrast material, narcotics)	44	1				
	c. Current means for support of renal failure, high-dose diuretics, continuous veno-venous hemofiltration (CVVH), continuous veno-venous hemodialysis						
A3.163		45	1		*		*
	A3.149 A3.150 A3.151 A3.152 A3.153 A3.154 A3.155 A3.156 A3.156 A3.157 A3.158 A3.159 A3.150 A3.150 A3.150	appropriate consultation. A3-149 Perform all operative and management procedures for trauma to the chest, abdomen, extremities, and head, with direct supervision. A3-150 Practice the principles of damage control surgery in severely injured patients. A3-150 Practice the principles of damage control surgery in severely injured patients. A3-150 Practice the principles of damage control surgery in severely injured patients. A3-150 Practice the principles of damage control surgery in severely injured patients. A3-150 Practice the principles of damage control surgery in severely injured patients. A3-151 Practice indications for emergency thoracotomy and the appropriate operative approach. A3-152 Perform resuscitative thoracotomies as necessary. A3-154 Pemonstrate technical capability in advanced trauma care in the emergency department, intensive care units, and operating rooms. A3-155 Practic traumatized patients and perform needed operative repair. Distinguish between the major characteristics of septic shock and hypovolemic shock: b. Analyze therapeutic options. c. Revise therapeutic options based on clinical parameters obtained from monitoring. Summarize the following moral and ethical problems encountered in the ICU: c. Care for the mentally incapacitated or incompetent patient Discuss management of the overall hospital course for patients with altered physiological states: a. Preoperative considerations specific to their disease b. Operative considerations specific to their disease c. Postoperative	appropriate consultation. A3-19Perform all operative and management procedures for trauma to the chest, abdomen, extremities, and head, with direct supervision. A3-15Perform cite the principles of damage control surgery in severely injured patients. A3-15Perform cite the principles of damage control surgery in severely injured patients. A3-15Perform resuscitative thoracotomics are necessary. A3-15Describe indications for emergency thoracotomy and the appropriate operative approach. A3-15Perform resuscitative thoracotomies as necessary. A3-15Perform resuscitative thoracotomies	A3-149 Perform all operative and management procedures for trauma to the chest, abdomen, extremities, and head, with direct supervision. A3-150 Practice the principles of damage control surgery in severely injured patients. A3-151 Practice the principles of damage control surgery in severely injured patients. A3-150 Practice the principles of damage control surgery in severely injured patients. A3-150 Practice the principles of damage control surgery in severely injured patients. A3-150 Perform resuscitative thoracotomies as necessary. A3-150 Performent, intensive care units, and operating rooms. A3-150 Performent, intensive care units, and operating rooms. A3-150 Performent, intensive care units, and operating rooms. A3-150 Performent results and perform needed operative repair. A3-150 Performant results and results	A3-949 Performal loperative and management procedures for trauma to the chest, abdomen, extremities, and head, with direct supervision. A3-950 Percitice the principles of damage control surgery in severely injured patients. A3-951 Manage trauma to the upper airway. A3-951 Describe indications for emergency thoracotomy and the appropriate operative approach. A3-952 Describe indications for emergency thoracotomy and the appropriate operative approach. A3-953 Deformer essectiative thoracotomies as necessary. Bernorm resuscitative thoracotomies as necessary. Text traumatized patients and perform needed operative repair. A3-955 Distinguish between the major characteristics of septic shock and hypovolemic shock: D. Analyse therapeutic options based on clinical parameters obtained from monitoring. Summarize the following moral and ethical problems encountered in the ICU: C. Care for the mentally incapacitated or incompetent patient Discuss management of the overall hospital course for patients with altered physiological states: a. Preoperative considerations specific to their disease D. Operative considerations specific to their disease C. Postoperative considerations specific to their disease Define specific management aspects associated with the following complex acid-base problems: a. Renal tubular acidosis (differentiate between Type I and II) D. Management of high output loss states from the GI tract in patients with poor cardiac function C. Management of volume excess states associated with the unatremia or hyponatremia Discuss the treatment of the following bleeding disorders: a. The role of blood vessels, platelets,	A3-949 Perform all operative and management procedures for trauma to the chest, abdomen, extremities, and head, with direct supervision. A3-950 Practice the principles of damage control surgery in severely injured patients. A3-951 Manage trauma to the upper airway. A3-952 Describe indications for emergency thoracotomy and the appropriate operative approach. A3-953 Perform resuscitative thoracotomies as necessary. A3-954 Demostrate technical capability in advanced trauma care in the emergency department, intensive care units, and operating rooms. A3-955 Properative technical capability in advanced trauma care in the emergency department, intensive care units, and operating rooms. A3-956 Stream traumatized patients and perform needed operative repair. A3-956 Describe the principle of the overall properation of the control of the control of the overall operating rooms. C. Revise therapeutic options. C. Revise therapeutic options based on clinical parameters obtained from monitoring. A3-958 Describe the following moral and ethical problems encountered in the ICU: C. Care for the mentally incapacitated or incompetent patient. Bolizas management of the overall hospital course for patients with altered physiological states: A Preoperative considerations specific to their disease C. Postopparative considerations associated with eunatremia or hypoparative considerations associated with eunatremia or hypoparative considerations and the patients of the control of the con	Asystophysical process of the production of the constitution of th

	A3.164	Manage the following situations: a. Multiple organ system failure; providing support for failing, failed, or normal	45	1	*	*
		organs				
		b. Life threatening surgical infections (e.g., ascending cholangitis, gangrene) c. Hypovolemic shock				
		d. Renal failure e. Nutritional failure				
		f. Liver failure				
Surgical Oncology	A3.165 A3.166	Identify margins of resection and their relation to local recurrence. Summarize the indications and appropriate modalities for adjuvant therapy	49 49	1,2	*	* *
	,	within the scope of general surgery, including chemotherapy, radiation therapy,	17			
		immunotherapy, and gene therapy.				
	A3.167	Describe differences in treatment for malignancy in older patients. Compare applicable treatment modalities to the prognosis for tumors within the	49	1	*	*
	A3.168	scope of general surgery.	49			
	A3.169	Analyze the medical preparation of patients for cancer surgery, including the correction of metabolic and nutritional deficits.	49	1	*	*
	A3.170	Define and apply the criteria for palliative versus curative treatment plans.	49	1	*	*
	A3.171 A3.172	Outline indications and initiate requests for appropriate consultation. Demonstrate the ability to function independently in all aspects of cancer	49 50	1,3 3		
	A3.173	patient management, including palliative care planning. Prepare patients medically for cancer surgery, with correction of nutritional and	50	1	*	*
		metabolic deficits.			*	
	A3.174	Specify and prepare management plans for nutritional support in the cancer patient.	50	1		
	A3.175 A3.176	Prepare an operative plan for treatment of malignant disease. Perform colostomies, colostomy closures, and bowel anastomoses of all types.	50 50	1 2	*	*
	A3.177	Perform, with appropriate supervision, major resections in the neck, chest,	50	2		
		abdomen, breast, and extremities, including complex operative procedures (e.g., Whipple procedure, major neck dissection).				
Endocrine Surgery	A3.178	Discuss preoperative preparation/management of the following: a. Hypercalcemic crisis	52	1	*	*
		b. Thyroid "storm"				
		c. Grave's and Hashimoto's disease d. Pheochromocytoma				
	A3.179	e. Hyperaldosteronism Discuss the treatment of the following diseases:	52		*	*
	A3.1/9	a. A solitary thyroid nodule	52	'	"	
		b. A multinodular thyroid gland c. Thyrotoxicosis				
		d. Insulinoma/glucagonoma/vipom				
		e. Zollinger-Ellison syndrome f. Gastrointestinal carcinoid tumors				
		g. Endogenous hypercortisolism h. Pheochromocytoma				
		i. Primary hyperaldosteronism				
		j. Incidental adrenal mass k. Primary,secondary, and tertiary hyperparathyroidism				
	A3.180	Discuss surgical approaches to the following:	53	1	*	*
		a. Left/right adrenal gland b. Head of the pancreas				
		c. Body/tail of the pancreas d. Inferior/superior parathyroid glands				
		e. Parathyroid glands				
	A3.181	f. A retrosternal goiter Summarize significant issues in the management of anesthesia in endocrine	53	. 1	*	*
		surgery, including the following:				
		a. Airway management during neck surgery b. Cardiovascular manipulation during thyroid and pheochromocytoma				
		operations c. Special attention to electrolyte management				
	A3.182	Critique the role of the following developments in the surgical management of	53	1	*	*
		endocrine problems: a. Localizing modalities (e.g., metaiodobenzylguanidine [MIBG], sestamibi,				
		selective venous sampling, parathyroid hormone [PTH] assays) b. Diagnostic assays (e.g., sensitive TSH, C-peptide, fine needle aspiration)				
	A3.183	Develop a comprehensive plan for the surgical management of endocrine	53	1	*	*
	A3.184	disease. Perform or assist in the performance of adrenal, thyroid, and parathyroid	53	2,3		
	A3.185	surgery. Perform surgery on the adrenals, pancreas, thyroid, and parathyroids.	54	. 2		
	A3.186	Manage the diagnosis, and preoperative, intraoperative, and postoperative care	54	1	*	*
Breast Surgery	A3.187	of a variety of endocrine surgery cases. Formulate plans for basic patient care, including preoperative, intraoperative,	55	. 2		
		and postoperative care. Describe the therapy of less common lesions of the breast:			*	*
	A5.100	a. Inflammatory carcinoma d. Cystosarcoma phylloides	55			
		b. Paget's disease e. Bilateral breast carcinoma c. Mondor's disease g. Male breast carcinoma				
	A3.189	Define appropriate breast conservation therapies and their benefits and	55	1	*	*
		comparative outcomes. Compare them with modified radical mastectomy.		Į		
	A3.190	Summarize the major considerations for post-mastectomy breast reconstruction.	56	1	*	*
	A3.191	Formulate a treatment plan for most common breast problems, including the	57	1	*	*
	A3.192	common types of breast carcinomas. Perform, under direct supervision, more advanced procedures on the breast	57	2		
		such as: a. Modified radical mastectomy d. Sentinel lymph node biopsy				
		b. Simple mastectomy e. Excision of lactiferous duct fistula				
	A3.193	c. Lumpectomy & axillary dissection f. Needle-localized breast biopsy Manage unusual breast diseases such as:	57	1	*	*
		a. Inflammatory carcinoma d. Bilateral breast cancer b. Paget's disease e. Male breast cancer				
		c. Lactiferous duct fistula f. Cystosarcoma phyllodes				
Abdominal Surgery	A3.194	Outline the uses of prosthetic material and management of infection for incisional or recurrent hernias involving prosthetic material.	65	1	*	*
		Outline the techniques for wound closure (including type of suture material). Describe the use and method of placement of retention sutures.	65 65	1	*	*
		Describe the treatment of ascites in the following:	65	i	*	*
		a. Malignancy d. Cardiac disease b. Cirrhosis e. Renal disease				
	A2.4=0	c. Bile leak			 *	*
	A3.198	Describe the treatment of the following: a. Desmoid tumors	65	1	"	"
		b. Retroperitoneal fibrosis c. Rectus sheath hematoma				
	A3.199	Describe the management of different types of post-gastrectomy syndromes,	66	1	*	*
		including the following: a. Dumping syndrome d. Alkaline reflux gastritis				
		b. Metabolic disturbances e. Afferent loop syndrome c. Efferent loop syndrome f. Gastric atony				
1					 	

	A3.200	Describe the treatment, complications, and outcomes of different types of upper gastrointestinal neoplasm, including the following:	66	1		*		*
		a. Gastric cancer b. Gastric lymphoma						
	A3.201	c. Gastrointestinal stromal tumors d. Small bowel tumors Analyze alternatives to surgery in the management of gallstones, such as the	66	1		*		*
		following: a. Oral dissolution with ursodeoxycholic acid b. Endoscopic sphincterotomy						
	A3.202	Assess management alternatives for common bile duct stones: a. Open versus laparoscopic common bile duct exploration	66	1		*		*
	A3.203	b. ERCP Describe the more common retroperitoneal tumors, sarcomas, and	66			*		*
		liposarcomas. (What are their treatmentss?)						
	A3.204 A3.205	Compare laparoscopic versus open cholecystectomy. Describe the management of chronic pancreatitis.	66 66	1 1	_	*	-	*
		Analyze the management options in the treatment of short-gut syndrome.	66	1		*		*
	A3.207	Discuss the surgical management of cystic neoplasms of the pancreas (mucinous	66	1		*		*
	A2 200	and serous cystadenomas; cystadenocarcinoma). Describe the surgical management of the following islet cell tumors of the	66		_	*		*
	A3.208	Describe the surgical management of the following isset centumors of the pancreas: a. Gastrinoma d. Somatostatinoma b. Glucagonoma e. Insulinoma	00	1				
		c. VIPomas, WDHA Syndrome						
		Describe the management of pancreas divisum.	66	1		*		*
	A3.210 A3.211	Open and close abdominal incisions of all varieties. Treat wound complications such as infections and evisceration.	68 68	2		*	1	*
	A3.211	Assist with thoracoabdominal and retroperitoneal exposures.	68	2				
	A3.213	Assist in surgical laparoscopic colon and sigmoid resection.	68	2				
	A3.214	Assist and properly perform laparoscopic and open cholecystectomy.	68	2				
	A3.215 A3.216	Assist in and properly perform laparoscopic and open bile duct exploration. Assist and properly perform surgical open splenectomy.	68 68	2 2				
	A3.217	Perform laparotomy for a cute abdomen, demonstrating a systematic approach for determination of the etiology of the process. Use systematic abdominal exploration and appropriate measures for management (e.g., a cute appendicitis, small bowel obstruction, perforated peptic ulcer [be able to guide the junior	68	2				
	A3.218	resident through the case]). Perform more complex laparotomies, involving diffuse peritonitis in the septic patient (e.g., gangrenous or inflamed gallbladder or perforated diverticulitis requiring resection).	68	2				
	A3.219	Perform colon resection, including hand-sewn anastomoses, with direction from the supervising attending surgeon.	68	2				
	A3.220	Create bowel anastomoses (hand sewn and using a gastrointestinal anastomosis [GIA] stapler).	68	2				
	A3.221 A3.222	Divide bowel mesentery for mobilization; construct Roux-en-Y limb. Under supervision, perform more complex hepatobiliary surgery:	68 68	2				
		Biliary drainage procedures, such as Roux-en-Y and cholecystojejunostomy Complicated cholecystectomy (acute, gangrenous)						
	A3.223	Perform more complex abdominal surgeries such as: a. Internal drainage of pseudocyts with Rouxen't cystojejunostomy b. Longitudinal pancreaticojejunostomy (Puestow Procedure) c. Distal pancreatectomy d. Billary bypass for carcinoma	68	2				
	A3.224	Colostomies, for bowel obstructions Hartmans procedure Emergency laparotomy and damage control surgery, in cases of trauma	69	2				
Ninimal Access	A2 225	h. Temporary Ileostomies i. Surgical colostomy/ileostomy closures		,		1		
Surgery	A3.225	Demonstrate facility in endoscopic knot tying, stapling, and suturing, either in a box-trainer, an animal model, or the operating room.	70	2			"	
	A3.226	List equipment needed for complex procedures, set up room (including patient position) and equipment, and troubleshoot equipment when malfunction occurs.	70	1		*		*
ascular Surgery	A3.227	Discuss the broad range of vascular illnesses, including congenital vascular	73	1		*		*
,	A3.228	disease and diseases of the venous and lymphatic systems. Differentiate between the different operative approaches to the vascular	73	1		*		*
		system, including the following: a. Incisions and exposure b. Handling of vascular tissues c. Principles of vascular typass d. grafting Emergency vascular g. Endovascular techniques						
		Outline the indications of surgery for claudication, abdominal aortic aneurysm, and amputation.	74	1		*		*
	A3.230	Illustrate the operative exposure of the major vessels, including the following: a. Aortic arch e. Suprarenal aorta b. Proximal subclavian f. Infrarenal aorta c. Carotid artery g. Femoral artery d. Descending thoracic aorta h. Popliteal artery	74	1,2		*	*	*
		Summarize the treatment of diabetic foot infection.	74	1		*	\vdash	*
	A3.232	Categorize management of operative and postoperative complications, including graft infections, ischemic bowel, graft thrombosis, and extremity ischemia	74	1		*		*
	A3.233	ischemia. Outline procedures for managing vascular surgical emergencies, such as acute tissue ischemia or major hemorrhage (traumatic or ruptured aneurysm).	74	1		*		*
	A3.234	Analyze the options for treatment of patients with chronic venous insufficiency	74	1		*		*
	A3.235	and venous ulceration. Summarize surgical techniques available for managing the following vascular disorders:	74	1		*		*
		a. Abdominal aortic bypass or aneurysmectomy b. Carotid stenosis c. Femoral-popliteal occlusion						
		Demonstrate the appropriate incisions and exposure of the following: a. Abdominal aorta and its branches c. Peripheral arterial system b. Portal venous system d. Carotid arterial system c. Arteriovenous fistula	75	2				
	A3.237	Obtain vascular control of major vessels a. Aorta b. Vena cava	75	2				
	A3.238	Demonstrate ability to manage graft and suture materials. Perform selected operative procedures or selected parts of the following	75 75	2				
	A3.239	operative procedures under supervision: a. Aortic aneurysm repair d. Femoral popliteal occlusive disease b. Carotid endarterectomy f. Peripheral vascular trauma						
		operative procedures under supervision: a. Aortic aneurysm repair d. Femoral popliteal occlusive disease b. Carotid endarterectomy f. Perejaheral vascular trauma c. Aorto-iliac occlusive disease						
	A3.240	operative procedures under supervision: a. Aortic aneurysm repair d. Femoral popliteal occlusive disease b. Carotid endarterectomy f. Peripheral vascular trauma c. Aorto-iliac occlusive disease Participate in endarterectomy and bypass grafting.	75 75	3 2				
		operative procedures under supervision: a. Aortic aneurysm repair d. Femoral popliteal occlusive disease b. Carotid endarterectomy f. Perejaheral vascular trauma c. Aorto-iliac occlusive disease	75 75					

			_					
		A3.243	Manage prosthetic graft infections: b. Selection of revascularization routes	76	1		*	*
			c. Selection of revascularization routes					
			d. Timing					
		A3.244	Manage complications of common major vascular procedures such as the following:	76	1		*	*
			a. Aortic reconstruction					
		A3.245	b. Lower extremity vascular reconstruction Perform basic laparoscopic techniques:	19	2			
		713.243	o Perform trocar insertion using the open technique in different locations of the	19	_			
			abdomen, including with patients who have had extensive previous abdominal					
			surgery. o Troubleshoot equipment.					
			o Perform simple suturing using laparoscopic instruments.					
			o Perform laparoscopic cholecystectomy, both electively and for acute cholecystitis.					
			o Mobilize the right and left colon laparoscopically.					
			o Mobilize the esophagus laparoscopically. o Perform lysis of adhesions and run the small bowel by laparoscopy.					
			o Perform laparoscopic appendectomy.					
		A3.246	o Perform laparoscopic incisional hernia repair. Perform thyroidectomy and parathyroidectomy.	10	2			
		A3.247	Be familiar with the techniques and use of a harmonic scalpel, bipolar sealing	19 19	1		*	*
			device, and monopolar cautery, including the pitfalls and potential risks. o Colonic and rectal resections and reconstructions, using sutured and stapled					
			techniques, for malignant disease and inflammatory bowel disease					
			o Gastric resection and reconstruction (gastro-jejunostomy, Roux en-Y)					
			o Small bowel and large bowel resection; low anterior resection o Standard ileostomy and colostomy formation and closure					
			o Biliary tract disease: common bile duct exploration; biliary enteric anastomosis					
			o Distal pancreatectomy o Splenectomy					
			o speciectority					
		A3.248	Apply knowledge to provide appropriate clinical care related to core clinical	13	1		*	*
		A3.249	problems of general surgery. Analyze and interpret findings using clinical skills to develop appropriate	13	1		*	*
	N//-		management plans for patients.		l .	-		
	N/A	A3.250	Ability to manage the following: The breast and endocrine system	18	'	*	*	*
			🛮 Hernias, abdominal wall, and soft tissue tumors					
			□ Upper GIT (esophagus, stomach, and small intestine) □ Lower GIT (appendix, colon, rectum, and anus)					
			Gastrointestinal bleeding					
			Hepatobiliary (liver, pancreas, and spleen)					
			■ Acute abdomen ■ Surgical management of obesity					
			Subspecialty surgery (vascular/pediatric/plastic)					
Anatomy		A3.251 A3.252	The performance of surgical procedures appropriate for the level of training Postoperative management of the patient, including long-term follow-up	21	1	*	*	*
Physiology		A3.253	Explain the treatment of water and sodium imbalances, and complications of	22	1	*	*	*
		A3.254	diuretic use and fluid restrictions. Illustrate treatments for high and low calcium, phosphorus, and magnesium.	22	1	*	*	*
		A3.255	Manage patients with surgical illnesses and/or major physiological disruptions:	23	1	*	*	*
			a. Liver failure b. Malnutrition					
			c. Renal failure					
			d. Bowel obstruction					
			e. Hemorrhage f. Cardiopulmonary failure					
			g. Electrolyte imbalance					
			h. Endocrine disorders) i. Sepsis					
			j. Shock					
			k. Immunosuppression I. Diabetes					
			m. Advanced age					
		A3.256	Adapt treatment plans to reflect physiological variations in pediatric, geriatric,	23	1	*	*	*
		A3.257	and pregnant patients. Utilize clinical findings, laboratory tests, and hemodynamic measurements to	23	1	*	*	*
			alter patient physiology.			*		*
		A3.258 A3.259	Solve problems interfering with normal hemostasis. Use patient fluid balance data as a general measure of fluid homeostasis.	23	1	*	*	*
		A3.260	Coordinate orders involving nutrition, acid-base, and electrolyte problems.	23	1	*	*	*
		A3.261 A3.262	Manage outpatients and inpatients with hypo- and hyper-kalemia. Manage patients with hypo- and hyper-calcemia.	23	1	*	*	*
Surgical		A3.263	Demonstrate an understanding of the principles of infection treatment.	24	1	*	*	*
Infections		A3.264 A3.265	Discuss the treatment of necrotizing fasciitis Manage cellulitis, lymphangitis, lymphadenitis, fasciitis, and abscess	25	1	*	*	*
		A3.266	Demonstrate an understanding of intra-abdominal abscesses, paying attention	25 25	i	*	*	*
			to Surgical management					
		A3.267	Outline management strategies for the treatment of infected catheters,	25	1	*	*	*
		A	implantable devices, and surgical hardware.			*	*	
		A3.268	Outline the advanced trauma life support (ATLS) guidelines for tetanus prophylaxis and treatment for Clostridium tetani infection.	25	'	"	*	*
		A3.269	Describe the treatment of surgical infections for the following:	25	1	*	*	*
			Those common to all patients (pneumonia, urinary tract infections, skin infections)					
			b. Those cared for by surgeons (e.g., diabetic foot ulcers, postop abdominal					
		A3.270	abscesses) Describe sources of postoperative fever; outline plan for intervention.	25	1	*	*	*
		A3.271	Differentiate between treatment of the different types of postop pneumonia	25	1	*	*	*
			(non-ventilatory-associated, aspiration acquired, ventilatory-associated)			*	*	*
		A2 272		2.4		1 1		"
		A3.272	Demonstrate an understanding of methods used to minimize infectious complications.	24				
		A3.272	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted,	24	1			
			Demonstrate an understanding of methods used to minimize infectious complications.		1 2			
		A3.273	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated.	26				
		A3.273	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for	26		*	*	*
		A3.273	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for infections in the postoperative patients Coordinate the treatment of aggressive soft tissue infections to include:	26		*	*	*
		A3.273 A3.274 A3.275	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for infections in the postoperative patients Coordinate the treatment of aggressive soft tissue infections to include: a. Early operative debridement and re-debridement as necessary	26 26 26				
		A3.273 A3.274 A3.275	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for infections in the postoperative patients. Coordinate the treatment of aggressive soft tissue infections to include: a. Early operative debridement and re-debridement as necessary b. Urinary and fecal diversion when necessary c. Antibiotic management	26 26 26				
		A3.273 A3.274 A3.275 A3.276	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for infections in the postoperative patients Coordinate the treatment of aggressive soft tissue infections to include: a. Early operative debridement and re-debridement as necessary b. Urinary and fecal diversion when necessary c. Antibiotic management d. Postoperative critical care, including fluid and nutrition management	26 26 26 26				
		A3.273 A3.274 A3.275 A3.276	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for infections in the postoperative patients Coordinate the treatment of aggressive soft tissue infections to include: a. Early operative debridement and re-debridement as necessary b. Urinary and fecal diversion when necessary c. Antibiotic management d. Postoperative critical care, including fluid and nutrition management Justify the empirical first-line approach to antibiotic use in the treatment of surgical infections.	26 26 26 26 26		*	*	*
Wound Haalling		A3.273 A3.274 A3.275 A3.276 A3.277	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for infections in the postoperative patients Coordinate the treatment of aggressive soft tissue infections to include: a. Early operative debridement and re-debridement as necessary b. Urinary and fecal diversion when necessary c. Antibiotic management d. Postoperative critical care, including fluid and nutrition management Justify the empirical first-line approach to antibiotic use in the treatment of surgical infections and early intra-abdominal infections.	26 26 26 26 26 26		*	*	*
Wound Healing		A3.273 A3.274 A3.275 A3.276	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for infections in the postoperative patients Coordinate the treatment of aggressive soft tissue infections to include: a. Early operative debridement and re-debridement as necessary b. Urinary and fecal diversion when necessary c. Antibiotic management d. Postoperative critical care, including fluid and nutrition management Justify the empirical first-line approach to antibiotic use in the treatment of surgical infections.	26 26 26 26 26		*	*	*
Wound Healing		A3.273 A3.274 A3.275 A3.276 A3.277	Demonstrate an understanding of methods used to minimize infectious complications. Summarize the method by which microbiologic data are gathered, interpreted, and applied to altering antibiotic choice, dose, and duration. Prepare patients for elective surgery by providing prophylactic antibiotics when indicated. Alter therapy as dictated by clinical, radiologic, and microbiologic response for infections in the postoperative patients. Coordinate the treatment of aggressive soft tissue infections to include: a. Early operative debridement and re-debridement as necessary. b. Urinary and fecal diversion when necessary. c. Antibiotic management d. Postoperative critical care, including fluid and nutrition management Justify the empirical first-line approach to antibiotic use in the treatment of surgical infections and early intra-abdominal infection. Appropriately treat common infections seen in surgical patients. Discuss the principles of aseptic technique in uncomplicated cases related to the	26 26 26 26 26 26		*	*	*

	A3.280	Describe the common chemical agents that are used in relation to burns, and their antidotes.	27	1	*	*		*
	A3.281	Treat necrotizing fasciitis and Clostridium perfringens infections.	27	1	*	*		*
	A3.282	treat patients with implantable device infection	27	1	*	*		*
	A3.283	Explain the principles of wound care as they relate to the following: a.Debridement d.Chronic wounds	27	1	,	*		
		b.Traumatic wounds e.High-pressure injection injuries c.Burn wounds f. Medication infiltration						
	A3.284	Discuss potential problems in complicated wound healing.	27	1	*	*		*
	A3.285 A3.286	Discuss the concept of the reconstructive ladder. Analyze therapeutic options for treatment of delayed wound healing due to the	27	1	*	*		*
		following:						
		a. Host resistance d. Radiation b. Infection e. Ischemia						
		c. Diabetes mellitus						
	A3.287	Discuss treatment choices for the following wound healing problems: a. Infection	28	1	"	_		-
		b. Hernia						
	A3.288	c. Dehiscence Provide basic care to wounds from abrasions and small lacerations, including		1	*	*		*
	42.280	acute debridement, closure, and dressing placement. Provide care for complex traumatic injuries, considering the following:	28					
	A3.289	a. Management of hemorrhage d. Debridement	20					
		b. Acute pain control e. Acute closure or coverage c. When to explore operatively f. Secondary reconstruction						
	A3.290	Apply all types of complex dressings, including body casts.	28	2				
	A3.291	Debride complex wounds and provide post-debridement care of such wounds.	28	2				
	A3.292 A3.293	Manage wounds of various complexities, and alter therapy as indicated. Manage wound complications: dehiscence, infections, and incisional hemias.	28	1	*	*		*
	A3.294	Describe the rationale in selecting appropriate wound closure and	28	1	*	*		*
		reconstruction, related to wound healing in the following: a. Primary and delayed primary closure d. Local and regional flaps						
		b. Secondary healing e. Microvascular flaps						
l Access	A3.295	c. Skin graft, split, and full thickness f. Composite grafts Analyze factors affecting the decision to select a minimal access approach (as	69	1	*	*		*
gery		opposed to an open surgical approach) for a particular clinical problem.		•				
	A3.296	Describe the sequence of steps involved in establishing a pneumoperitoneum, including the following:	70	1	*	*		*
		a. Selection of first puncture site d. Initial insufflation						
		b. Initial entry via Veress needle or Hassan c. Tests to confirm entry into peritoneum f. Placement of additional trocars						
		i. Flacement of additional trocars						
	A2 207	Discuss management of complications, including major vascular injury, massive	70		*	*		
	A3.297	carbon dioxide embolus, or visceral injury.	70	1	"	_		
c Surgery	A3.298	Classify congenital malformations of the newborn and the need for surgical	76	1	*	*		*
		intervention: a. Head and neck: thyroglossal duct cyst, lymphadenopathy, cystic hygroma						
		b. Gastrointestinal: pyloric stenosis, appendicitis						
		c. Respiratory: tracheal lesions d. Abdominal wall defects: omphalomesenteric and urachal malformations						
	A3.299	Learn the principles of preoperative diagnosis of the sick child.	76	1	*	*		1
	A3.300	Learn principles of routine postoperative care and postoperative critical care management.	76	1	*	*		*
	A3.301	Summarize the basic approach to the management of more common surgical	76	1	*	*		1
		problems of infancy and childhood, such as the following: a. Pyloric stenosis						
		b. Perforated appendicitis						
	A3.302	c. Intussusception Describe the fundamental considerations in the preoperative and postoperative		1		*		_
	A3.302	care of infants and children.	77					
	A3.303	Explain the approach to surgical management, (i.e., diagnosis, perioperative care, surgical therapy, and postoperative follow-up) of complex surgical	77	1	*	*		*
		procedures for infants and children:						
		a. Antireflux procedure b. Bowel resection						
		c. Repair of hepatic, biliary, and pancreatic injury						
		d. Splenectomy and splenorrhaphy						
	A3.304	e. Management of the seriously injured patient Identify the technical aspects of the following procedures:	77	1,2	*	*	*	,
		a. Excision of skin and subcutaneous lesions d. Chest tube placement		•				
		b. Incision and drainage of abscesses e. Oral intubation c. Lymph node biopsy f. Herniorrhaphy in older children						
ic and	A3.305	Explain basic techniques for surgical repair of superficial incisions and lacerations	77	1	*	*		
tructive gery		of the head, neck, trunk, and extremities to include the following considerations: a. Skin d. Dressings						
.		b. Subcutaneous tissue e. Suturing and knot tying						
		c. Superficial muscle and fascia						
	A3.306	Explain the principles of treatment of common causes of gastrointestinal	77	1	*	*		,
	A3.307	hemorrhage in the neonate, infant, and child. Demonstrate an understanding of the principles of correction and	77	1	*	*		-
	. 15.307	reconstruction of congenital and acquired defects of the head, neck, trunk, and	"					
	A3.308	extremities. Analyze treatment options for comprehensive care of the burn patient, including	78	1	*	*		-
	13,500	the following:	/0					
		a. Excision of burn c. Xenografting						
	A3.309	b. Homografting d. Autografting Discuss treatment of cutaneous malignancies in the geriatric patient, including	78	1	*	*		
		the following:						
		a. Skin cancer rates (basal cell carcinoma [BCC], squamous cell carcinoma [SCC]) b. Average age of onset for BCC/SCC						
		c. Etiology of BCC/SCC						
		d. Usual modes of treatment for BCC/SCC (Mohs Technique, radiation, chemotherapy)						
		e. Prevention using medications (isotretinoin, beta-carotene)						
	A3.310	Discuss surgical treatment of the following:	78	1	*	*		
	A3:310	a. Common hand injuries and tumors	/0					
		b. Surgical repair of facial trauma, soft tissue, and bony defects						
		c. Resection of skin and soft tissue neoplasms requiring complex reconstruction d. Reconstruction of the breast for congenital and acquired defects						
		e. Management of the burned hand and face						
		f. Reconstruction of congenital craniofacial defects						
	A3.311	Participate in the evaluation and formulation of treatment plans for:	79	1,3	*	*		*
1		a. Hand injuries d. Congenital anomalies b. Facial fractures e. Breast deformities						
	A3.312	c. Head and neck cancer f. Burn patients Under the direction of a plastic surgeon, assist in the planning and performance	79	2				

	A3.357	surgical diseases. Apply knowledge of anatomy to the treatment of surgical patients.	20	1	*	*		
	A3.356	fluid and electrolyte derangements. Apply physiological knowledge to the clinical and operative management of	21	1	*	*		*
Physiology	A3.355	complex multisystem injuries. Demonstrate the ability to maintain homeostasis by recognizing and correcting	21	1, 2, 3	*	*	*	1
Acute surgical care	A3.354	arrest. Demonstrate the ability to effectively manage the surgical care of a patient with	29	1, 2, 3	*	*	*	r
Trauma / Shock /	A3.353	and display the ability to apply this knowledge in an emergency setting. Demonstrate the ability to manage the treatment of shock and cardiopulmonary	29	1, 2, 3	*	*	*	
	A3.351	Conditions, including major trauma in an emergency setting. Demonstrate knowledge of disaster management, including the role of triage,	34	, 1	*	*		
Lineigency	A3.349 A3.350 A3.351	Manage a vanety of surgical conditions in an emergency setting. Demonstrate knowledge of patient stabilization & transport in an emergency. Demonstrate the ability to effectively manage all acute or life-threatening	34 34 34	1, 2, 3 1 1	*	*		*
Emergency	A2 240	critically ill patients, including knowledge of multiple organ system normalities and abnormalities. Manage a variety of surgical conditions in an emergency setting.	24	122		*	*	<u> </u>
Care Care	A3.347 A3.348	Demonstrate the ability to treat patients with interrelated system disorders. Demonstrate knowledge of the principles associated with the management of critically ill patients, including knowledge of multiple organ system normalities	37 37	1	*	*		
Surgical Critical	A3.346 A3.347	Understand surgical options of curative and palliative care for cancer patients. Demonstrate the ability to treat patients with interrelated system disorders.	47	1 1	*	*		
	A3.345	Demonstrate proficiency in preparation, operative treatment, and total management of the cancer patient, including long-term follow-up care.	47	1	*	*		T
Immunology Surgical Oncology	A3.344	abnormal immune function who are undergoing general surgery procedures. Demonstrate an understanding of the treatment of neoplastic diseases.	47	1	*	*		\vdash
Surgery Surgical	A3.343	anatomy and physiology) to the surgical care of patients. Demonstrate an understanding of the principles of care for patients with	45	1	*	*		Т
Endocrine	A3.342	surgeries. Demonstrate the ability to apply this knowledge (knowledge of endocrine	50	1	*	*		
Breast Surgery	A3.340 A3.341	Demonstrate the ability to surgically manage diseases of the breast. Understand advancements in minimally invasive and conservative breast	54 54	1,2,3 1	*	*	*	Т
B	A3.339	Be conversant with neoadjuvant and adjuvant therapies for neoplasms of the GI tract.	58	1	Ļ	*	*	
	A3.338	diseases of the abdomen and pelvis that are amenable to surgical intervention.	57			*		L
Surgery	Δ2 220	liver, biliary tract, spleen and pancreas, that is amenable to surgical intervention. Demonstrate the ability to formulate and implement treatment plan for			*	*		_
Abdominal	A3.337	minimal access surgery. Manage disease and injury of the stomach, duodenum, small and large bowel,	57	1	*	*		+
Surgery	A3.336	basic laparoscopy, laparoscopic cholecystectomy, and other minimal access procedures. Demonstrate an understanding of the technical and physiological principles of	69	1	*	*		Т
Minimal Access	A3.335	postoperative care of patients with arterial, venous, and lymphatic disease. Develop specific technical skills and demonstrate proficiency in performance of	69	2				
Surgery Vascular Surgery	A3.334	neoplastic defects not requiring complex reconstruction. Demonstrate the ability to surgically manage the preoperative, operative, and	71	1,3	*	*	*	
Plastic and Reconstructive	A3.333	Demonstrate the ability to manage the treatment of acute, chronic, and	77	1	*	*		Т
	A3.332	Maintain continuity in terms of care for the patient with surgical diseases, from pre-hospital evaluation through post-surgical management and follow-up.	80	3				
	A3.331	Display a working knowledge of the management of the outpatient surgical setting.	81	1	*	*		
		d. Incisional hernia						
		a. Superficial wound separation; abdominal dehiscence b. Seromas c. Infections (cellulitis or abscess, determining the need for antibiotics, drainage)						
	A3.330	Provide appropriate wound care manage wound problems, including the following:	81	1,2	*	*		
	A3.329	Demonstrate an understanding of, and sensitivity to, patient socioeconomic concerns regarding issues such as possible loss of work time and wages.	81	3				
	A3.328	Recognize patient or patient family responsibilities that may affect the timing of surgery.	81	3				
	A3.326 A3.327	Explain the prospective surgical approach to the patient. Specify indications for common office procedures such as anoscopy.	80 80	1	*	*		F
	A3.325	Develop appropriate plans for management and Order appropriate consultations.	80	1	*	*		Г
	A3.324	Order appropriate investigations, for screening, preoperative and postoperative evaluation.	80	1	*	*		
Outpatient Care	A3.323	Perform a complete physical examination with cardiopulmonary assessment for surgery.	80	2				
	A3.321 A3.322	Raise muscle and skin-muscle flaps under direct supervision. Perform major excision of burns, escharotomy, and skin grafting.	79 79	2				
	A3.319 A3.320	Harvest and apply full-thickness skin grafts and local flaps. Reconstruct defects with random flaps, composite flaps, and grafts.	79 79	2				
	A3.318	extremities. Debride and suture major non-facial wounds and burns.	79	2		1		
	A3.316 A3.317	Participate in the acute recussitation and initial treatment of a burned patient. Treat simple and intermediate abrasions and burns of the face, trunk, and	79 79	2,3	*	*		Т
		d. Reconstruction and ablative head and neck surgery e. Aesthetic rejuvenation of the face and body						
		a. Correction of congenital lesions of the head/neck and hand/trunk b. Craniofacial anomalies, including cleft lip and palate c. Breast reconstruction after mastectomy						
	A3.315	microvascular Summarize currently accepted surgical techniques for treating the following:	79	1	*	*		_
		reconstruction e. Reconstruction of the breast f. Complex wound reconstruction using flap both local, regional, and free						
		c. Resection of neoplasms of the head and neck d. Resection of major skin and soft tissue neoplasms requiring complex						
	A3.314	Act as first assistant or attending supervised surgeon for the following: a. Reconstruction and reparative surgery of the hand b. Surgical repair of facial trauma	79	2,3				
		b. Nerve, tendon, and bone surgery of the hand c. Vascular injuries						
		following: a. Complex soft tissue injury						

	Emergency		A4.2	Describe prophylactic measures routingly and in without and and	38		*			
	Enlergency		A4.2	Describe prophylactic measures routinely used in critical care such as the following:	30	,				
				a. GI bleeding prophylaxis, including neutralizing, inhibitory compounds, and surface						
				agents						
				b. Prophylactic antibiotics (differences between prophylactic, empiric, and therapeutic						
				uses)						
				c. Pulmonary morbidity prophylaxis (incentive spirometry)						
				d. Prophylaxis against venous thromboembolic events e. Aseptic technique						
				f. Universal precautions						
				g. Skin care protocols h. Guide-wire catheter changes for work-up of fever or change in clinical status						
	Surgical infections		A4.3	Explain prophylactic roles of intravenous immunoglobulin and viral vaccines.	46	1	*	*		*
	Breast Surgery		A4.4	Educate patients to perform breast self-examination.	57	3				
	Vascular Surgery		A4.5	Outline the role of risk assessment and preventive measures in non-operative care of the vascular patients.	72	1	*	*		*
	Trauma / Shock /	Senior	A4.6	Explain trauma preventive measures (e.g., use of helmets, seat belts).	31	1	*	*		*
	Acute surgical care									
	Surgical Obcology	,	A4.7	Apply clinical screening for common malignancies.	48	1	*	*		*
	Breast Surgery		A4.8	Identify and analyze data addressing controversial areas of breast disease, such	56	1	*	*		*
				as the following: b. Cancer prevention techniques, such as tamoxifen						
				e. Benefit and frequency of screening mammograms						
	Vascular Surgery		A4.9	Categorize the prevention of operative and postoperative complications, including graft infections, ischemic bowel, graft thrombosis, and extremity	74	1	*	*		*
				ischemia.						
	Surgical infections	N/A	A4.10	Discuss the mechanisms of infection acquisition in surgical patients, such as: c. Methods of prevention	24	1	*	*		*
	inections		A4.11	Demonstrate an understanding of and correct technique for hand washing (the	24	1	*	*		*
			A4.12	most important method for preventing infectious disease transmission). Analyze the infectious disease risks to which patients and surgeons are exposed	24	1	*	*		*
			74.12	and the use of universal precautions to minimize disease transmission.	-4					
			A4.13	Summarize indications for prescribing prophylactic antibiotics associated with:	25	1	*	*		*
				a. Clean procedures (hemia, vascular, thyroid) b. Clean-contaminated procedures (gastrointestinal (GI), genitourinary (GU),						
				oropharyngeal)						
				c. Contaminated procedures d. Implantable devices:						
				🛮 Vascular grafts						
			A4.14	Soft tissue implants and synthetic reinforcements (breast, hernia) Demonstrate an understanding of techniques to minimize risk of viral infection	24	1	*	*		*
				(e.g., hepatitis, HIV/AIDS)						
			A4.15	Practice the effective use of universal precautions, including meticulous hand washing to minimize infection transmission risk from health care professional	26	2				
				(HCP) to patient, and vice versa.						
	Plastic and Reconstructive		A4.16	Discuss prevention of cutaneous malignancies in the geriatric patient, including the following:	78	1	*	*		*
	Surgery			a. Skin cancer rates (basal cell carcinoma [BCC], squamous cell carcinoma [SCC])						
				b. Average age of onset for BCC/SCC c. Etiology of BCC/SCC						
				d. Usual modes of treatment for BCC/SCC (Mohs Technique, radiation,						
				chemotherapy)						
				e. Prevention using medications (isotretinoin, beta-carotene)						
				e. Prevention using medications (isotretinoin, beta-carotene)						
B Communicator		Junior	B1	Function as a surgical consultant, by assessing and developing differential	33	3				
B Communicator		Junior		Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor.						
B Communicator		Junior	B1	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain	33	3 2,3			*	
B Communicator		Junior	B2 B3	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family.	33	2,3			*	
B Communicator		Junior	B2	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent.	33	2,3			* * *	
B Communicator		Junior	B2 B3	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/finjury for patients	33	2,3			* * * *	
B Communicator		Junior	B2 B3 B4	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department	33 33 33 34	2,3 3 3			* * * * * * *	
B Communicator		Junior	B2 B3 B4 B5 B6 B7	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned.	33 33 33 34 36 49	2,3 3 3 3			* * * * * * * * * * * * * * * * * * * *	
B Communicator		Junior	B2 B3 B4 B5	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family.	33 33 33 34 36	2,3 3 3 3				
B Communicator		Junior	B2 B3 B4 B5 B6 B7	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record dinical and pathological correlations by presenting the clinical picture	33 33 33 34 36 49	2,3 3 3 3			* * * * * * * * * * * * * * * * * * * *	
B Communicator		Junior	B2 B3 B4 B5 B6 B7 B8	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology.	33 33 33 34 36 49 67	2,3 3 3 3			* * * * * * * * * * * * * * * * * * * *	
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer.	33 33 33 34 36 49 67 50	2,3 3 3 3 2 2				
B Communicator			B2 B3 B4 B5 B6 B7 B8	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care	33 33 33 34 36 49 67	2,3 3 3 3 3 2				*
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and fullity of care e. Identifying and interacting with alternate religious/cultural beliefs	33 33 33 34 36 49 67 50	2,3 3 3 3 2 2				*
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/sinjury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history.	33 33 33 34 36 49 67 50	2,3 3 3 3 2 2				*
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history.	33 33 33 34 36 49 67 50	2,3 3 3 3 2 2				*
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care ledentifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances.	33 33 33 34 36 49 67 50 49	2,3 3 3 3 3 2 2 2				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with atternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward.	33 33 33 34 36 49 67 50 49 42	2,3 3 3 3 3 2 2 2 3 1,2				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attendings staff on a daily basis.	33 33 33 34 36 49 67 50 49 42	2,3 3 3 3 3 2 2 2 3 1,2				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B10 B11 B12 B13 B14 B15 B16	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/sinjury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis.	33 33 33 34 36 49 67 50 49 42 13 13	2,3 3 3 3 3 2 2 2 3 3,1,2 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with atternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Cohesively and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds.	33 33 33 34 36 49 67 50 49 42	2,3 3 3 3 3 2 2 3 1,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care eldentifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Chesselvel and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals.	33 33 33 34 36 49 67 50 49 42 13 13 13	2,3 3 3 3 3 2 2 3 1,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/sinjury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Conseively and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcae professionals. Demonstrate good communication skills with patients in the emergency room and clinic.	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13	2,3 3 3 3 3 2 2 2 3 3 3,3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Comeview of the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Cohesively and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with patients in the emergency room and clinic. Discuss the diagnosis and treatment plan in a way that fosters patient satients	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13	2,3 3 3 3 3 4,2 2 3 4,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care telentifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Cohesively and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with patients in the emergency room and clinic. Discuss the diagnosis and t	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13	2,3 3 3 3 3 2 2 3 3,1,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Cohesively and concisely discuss patients at weekly service rounds. Interact effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate good communication skills with patients in the emergency room and clinic. Discuss the diagnosis and treat	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13	2,3 3 3 3 3 4,2 2 3 4,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				•
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Cohesively and concisely discuss patients at weekly service rounds. Persent and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with patients in the emergency room and clinic. Discuss the diagnosis and	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13	2,3 3 3 3 3 4,2 2 3 4,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20 B21	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/sinjury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Conseively and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with patients in the emergency room and clinic. Discuss the diagnosis a	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13 13	2,3 3 3 3 3 2 2 2 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20 B21	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record cilinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Conseived and conselved discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with patients in the emergency room and clinic. Discuss the diagnosis an	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13 13	2,3 3 3 3 3 2 2 2 3 3,3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20 B21 B22 B22 B22 B23 B24	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care et identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Choesively and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with patients in the emergency room and clinic. Discuss the diagnosis and	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13 13 14 14	2,3 3 3 3 3 2 2 3 1,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20 B21 B21	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/sinjury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Cheeviely and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with the supervising surgeon and other members of the healthcare team, in	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13 13 14	2,3 3 3 3 2 2 3 1,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20 B21 B22 B22 B22 B23 B24	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care e. Identifying and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Cohesively and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with patients in the emergency room and clinic. Discuss the diagnosis an	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13 13 13	2,3 3 3 3 2 2 3 1,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
B Communicator			B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15 B15 B16 B17 B18 B19 B20 B21 B22 B23 B24 B25 B26	Function as a surgical consultant, by assessing and developing differential diagnoses and discussing recommendations with senior residents or attending instructor. Explain the patient's condition and proposed therapy to family; obtain appropriate informed consent. Discuss management options with the patient and family. Communicate the importance of injury prevention to patients, patient families, and staff, in the quest to control trauma as a disease of modern society. Explain priorities for the diagnosis and/or assessment of illness/injury for patients presenting to the emergency department Discuss the patient's condition and future care with the family. Record an independent, written diagnosis for each cancer patient assigned. Perform, record, and report complete patient evaluations and assessments for different abdominal pathology. Record clinical and pathological correlations by presenting the clinical picture and operative findings for each assigned cancer patient. Analyze and explain a holistic approach to the treatment of patients with cancer. Summarize the following moral and ethical problems encountered in the ICU: d. Dealing with a difficult family and futility of care elementary and interacting with alternate religious/cultural beliefs Demonstrate the communication skills necessary to obtain a thorough and focused history. Convey pertinent information from the history and physical examination in diverse circumstances. Communicate effectively with patients and their families with respect to their medical conditions, in the ER, clinic, and ward. Demonstrate sympathy to the family and patient. Discuss individual patients with the appropriate attending staff on a daily basis. Cohesively and concisely discuss patients at weekly service rounds. Present and discuss complications at the morbidity and mortality rounds. Interact effectively with other healthcare professionals. Demonstrate good communication skills with the supervising surgeon and other members of the healthcare team, includi	33 33 33 34 36 49 67 50 49 42 13 13 13 13 13 13 13 13 13 13	2,3 3 3 3 3 2 2 3 1,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
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				D23	Demonstrate an understanding of the importance of properly utilizing finite healthcare resources in the management of diseases such as gallstone	15	3					
				D24	pancreatitis. Learn to manage patients within the limited resources of a community hospital.	15	3					
				D25	Leam when and how to transfer patients to tertiary faculties for care. Recognize areas of weakness in knowledge or skills.	15	3					
				D26	Formulate a plan to correct the weakness (e.g., spend more time in the Laparoscopic Skills Lab; perform structured literature searches about a specific	15	3					
				D27	clinical question encountered during service). Recognize and identify gaps in knowledge and expertise surrounding clinical	15	3					
					questions. Formulate a plan to fill gaps and present newly acquired knowledge at General Surgery Rounds.							
					Demonstrate a balance between personal and professional roles and responsibilities and identify methods to resolve conflicts and role strain.	16	3					
				D29	Demonstrate a desire and ability to teach others, including junior residents, non general surgery residents, and medical students.	16	3					
				D30 D31	Understand the principles of adult learning when teaching others. Demonstrate self-directed learning in the preparation of cases for Rounds or for	16 16	2					
				D32	the OR. Help community hospital surgeons discuss recent research literature and bring	16	3					
				D33	evidence-based surgery into the community hospital. Encourage evidence-based review (Journal Club) presentations and appropriate	16	3					
					use of information technologies.							
				D34 D35	Demonstrate self-evaluation and continued receptiveness to criticism. Demonstrate an understanding of one's own limitations and know when to call	17 17	3					
				D36	for help in difficult situations. Continually assess one's medical practice in order to improve:	17	3					
					a. Commitment to lifelong learning by reading textbooks and journals, discussing difficult/complex cases at rounds, and participating in teaching and							
					research. b. Emphasis on honesty, including full disclosure of iatrogenic complications,							
					taking responsibility, and having collegial/collaborative relationships with all healthcare workers.							
					c. Sensitivity to the impact of age, gender, socio-economic status, and cultural differences on the perception of illness, outcome, and treatment by							
					patients and their families. d. Appreciation for the medico-legal aspects of detailed legible documentation,							
					informed consent, and complications, occurring in the context of training. e. An understanding of the importance of cost-effective							
					management of available resources in the current healthcare industry.							
				D37 D38	Delineate hospital mechanisms for admitting patients. Develop and hone skills in self-directed learning.	80 80	1	*	*		*	
				D39	Estimate costs of hospitalization and various surgeries. Have a working understanding of the surgeon's role as primary care giver in	80 81	1	*	*		*	
E Cabalas			Se-1-	D40	clinical settings.						-	
E Scholar			Senior	E1 E2	Assume teaching responsibilities for junior residents as assigned. Assist and supervise junior residents as they perform surgical hemorrhoidectomy.	50 68	3					
			N/A	E3	Participate in the Journal Club. Demonstrate a willingness to teach others during rotations.	15	3					
				E5	Demonstrate the ability to use evidence-based medicine to address clinical	15	3 1	*	*		*	
				E6	dilemmas. Offer critical analysis and discussion of current literature at Surgical Grand Rounds.	15	3					
				E7	Critically appraise sources of medical information.	15	1					
				E8	Based on their clinical exposure, residents will have the opportunity to start generating a research question (basic science, clinical, population health, or a	16	1					
				E9	combination). They will develop a proposal to answer the research question through the	16	1					
					following steps: a. Conduct an appropriate literature search.							
					b. Assimilate and critically evaluate the literature. c. Propose appropriate methods for conducting the research.							
					d. Conduct the research and present the results. Develop and hone skills in critical appraisal	80	1	*	*		*	
				E11	Develop the ability to teach in clinic settings (for nurses, patients, and medical students).	81	3					
F Health advocate			senior	F1	Discuss the availability and use of institutional and community support services for trauma patients (e.g., social worker, home health care, and rehabilitation).	32	1		*		*	
			N/A	F2	Identify determinants of health unique to a hospital serving a multi-ethnic community (i.e.: genetic diseases such as breast and colorectal cancer).	14	1		*		*	
				F3	Advise patients and their families regarding prevention of disease, screening,	14	3			*		
				F4	and health maintenance. Disseminate the population screening guidelines for breast and colorectal	14	3					
				F5	Disseminate the complications of excess body weight and identify those that	14	3					
				F6	can be reversed with significant weight loss. Respond to the particular community's health needs.	14	3					
G Professional			Junior	G1	Recommend ways in which the emergency department (ED physical environment can be adapted to better meet the needs of patients. Discuss these	35	3					
					issues: a. Confidentiality							
					b. Poor lighting c. High ambient noise level							
			N/A	G2	d. Lack of adequate communication and/or reassuring dialogue Understand the impact of the community on the patient.	14	1	*	*		*	
				G3	Demonstrate professionalism (honesty, altruism, integrity, and compassion) in one's attitudes towards patients and other healthcare professionals.	16	3			*		
				G4	Know and understand the professional, legal, and ethical codes to which physicians are bound. Demonstrate humility in one's approach to clinical practice.	16	1	*	*		*	
				G5	Demonstrate a level of professionalism consistent with the practice of surgery,	16	3			*		
					particularly in the areas of: i. Punctuality							
					ii. Politeness iii. Availability							
					iv. Empathy v. Appropriate dress							
				G6	vi. Respect for patients' privacy Demonstrate a sense of responsibility by ensuring continuity of care for patients.	16	3					
				G7	Recognize and resolve ethical issues as they arise in surgical care, including	17	3					
					issues of informed consent, level of intervention discussions, and advance directives.	, ·	-					
					Practice medicine with integrity and honesty. Respect the particular needs of the community physicians and patients.	17 17	3					
					Demonstrate professionalism, empathy, and compassion by showing respect for a patient's privacy and self-esteem during aspects of the physical examination.	81	3			*		
				G11		81	3			*		
	1	I		ull	Demonstrate an awareness of, and respect for, patient autonomy.	01	3			-		