Rotation Curriculum: General Surgery II – Trauma

I. **Duration and Level:** Two months (March/April) at the PGY3 level.

II. **Location:** Carle Foundation Hospital

III. **Responsible Faculty:**
Jonathan Bailey, MD, DMD, FACS
OMFS Residency Program Director
217-383-3280

Michelle Olson, MD, MACM, FACS, FASCRS
General Surgery Residency Program Director
217-326-1293

Henry Moore, MD, FACS
General Surgery Residency Faculty and Trauma Rotation Coordinator
217-383-3240

IV. **Description of Rotation:** GSII is an advanced and intensive general surgery rotation with an emphasis on the management of trauma patients. Residents’ time will be divided between the surgical floor, surgical/trauma clinic and the ER, and residents should spend time with as many of the core faculty as possible. Specifically residents on the General Surgery II rotation will:

A. Perfect basic surgical trauma skills such as wound closure, wound management, fluid management, and sterile technique.

B. Continue to further their understanding of surgical anatomy.

C. Master basic surgical/trauma evaluation, diagnosis, and treatment.

D. Play an active leadership role on the surgical/trauma team on call and in day-to-day patient management.

E. Mentor junior learners and residents on the GSI rotation.

F. Take part in the trauma service including:
   - Using ATLS training in the initial resuscitation and management of trauma patients.
   - Taking part in pre-operative, intraoperative and post-operative management of trauma patients.
   - Mastering the management and stabilization of the trauma patient.
   - Recognizing the intermediate and long-term effects of severe trauma and ways to manage these effects.
• Gaining experience with common trauma procedures such as pericardiocentesis, tracheostomies, central lines, and surgical airways
• Learning to work as a part of the Trauma Team.
• Interpreting radiographs of the injured patient, especially those of the chest, extremities and abdomen.

V. Responsibilities: While on this rotation, residents are free of all OMFS service assignments and responsibilities.

A. Beginning of Rotation:
• The General Surgery Residency Coordinator will add residents to the GS Sharepoint website and EPIC lists on the first day of their rotation. GSII residents are responsible for all trauma patients and will round on all patients while on duty.
• Check in with the Trauma Office as well as Drs. Moore and/or Olson for orientation to the trauma service. Access to the trauma patient list will be provided by the GS Residency Coordinator.

B. Each morning you should:
• Call the post-call resident to obtain sign-out on your patients, and to learn about any new admissions from overnight.
• Review the trauma list.
• Coordinate trauma rounding time with the attending and other members of the trauma service. Generally there will be one attending with whom you will round each week.
• Pre-round on the trauma patients and write daily progress notes.

C. Selecting Cases:
• Residents will be paged for all trauma surgeries and should scrub in on all trauma cases while on duty.
• Residents will also have the opportunity to scrub in on general surgery cases if they choose. The main OR schedule is posted on EPIC and the senior resident on your team can help facilitate your opportunities to participate in operative cases.

D. What to carry (Optional):
• Multiple pens (you will lose a lot of pens getting surgical consents)
• Penlight
• Surgical consent forms (can be found on any surgical floor or in the ER)
• Anatomical site forms (can be found on any surgical floor or in the ER)
• Pharmacopoeia (see list of readings below for full citation), or similar drug reference guide
• Stanford Guide to Antimicrobial Therapy (see list of readings below for full citation) or similar antibiotic resource guide
• Maxwell’s (there is a selection of notes for surgical patients in Epic) you can borrow this from Dr. Olson
• Stethoscope
• Skin marking pen
• Trauma shears

E. General Priorities:
• Coordinate with the weekly trauma attending at least once per day to “run the list” and review patient care plans and your activity on the service.
• Coordinate the daily care of the trauma patients with the nurse practitioners on the team.
• Attend at least one half-day of clinic per week with the Trauma rounding attending of the week.
• Pay attention to continuity of care – follow patients that you admit, see in clinic or operate on in the OR. If these cases do not fill your available clinical time, pick up and follow the more interesting cases on the service.
• Keep the trauma list updated and accurate (especially in regard to injuries).

F. Conferences:
Attend General Surgery Educational Conferences from 7:00am to noon on Wednesdays, unless otherwise directed.

G. Call: OMFS residents on GSII will take Trauma call during the day. Residents on GSII will be added to the Trauma Team and paged for Level I traumas. Residents will be assigned to overnight call as part of the General Surgery call schedule. The general surgery call schedule is published by the 10th of the preceding month. Call schedule requests should be given to the chief residents at least 30 days prior to the start of the rotation. Vacation/Leave requests should be given to the General Surgery coordinator at least 60 days prior to the start of the rotation.

VI. Resident Evaluation, Progress and Promotion:
A. Throughout the rotation residents will be evaluated using direct observation. Written and verbal feedback is provided by the rotation coordinator.

B. Remediation procedures for poor evaluations are determined by the Faculty and are subject to approval by the Program Director. Remediation may include repeating the rotation, additional assignments, or further measures as needed.

C. Residents will be asked to complete an end-of-rotation evaluation.

D. Evaluations are scored on a 5 point scale from 1 (unsatisfactory) to 5 (outstanding). Scores of 2 (incomplete/needs remediation) or lower on any evaluations, including evaluations of rotations or rotation coordinators, will prompt a review and may result in remedial measures led by the OMFS Program Director and/or the DIO.

VII. Resources for Rotation:
A. Readings:
B. **Online resources:**

- Access Surgery: [https://www.accesssurgery.com.proxy.uic.edu/index.aspx](https://www.accesssurgery.com.proxy.uic.edu/index.aspx). Obtain your UIUC login from the GME office. This site contains suturing videos as well as basic skills instructions.

- Numerous other resources available online, contact attendings or Carle librarian for more information.

C. **Certifications:** ACLS and ATLS certification must be completed by the beginning of the rotation.

D. **Vacation / Time off:** You must let Dr. Olson know if you will be away for anything other than scheduled activity. Time off requests should be provided to the General Surgery Residency Coordinator at least 60 days in advance of the start of the rotation.

VIII. **Revision History:** Created 10.7.09 MKC; Approved by UO and JAA 10.30.09; Reviewed/Edited 10.21.11 by CLO; Reviewed/Edited 10.26.12 by LKA; Approved MO 10.23.12; Approved HM 10.24.12; Approved JB 10.31.12; Revised by MO on 4.3.15; Review/Edited 4.15.14 LKA; Approved JB 4.15.15

IX. **Document References and Resources:** Tina Yang, DO; Education Specialist Nancy Barrett; Education Specialist Charmin Olion; Education Specialist Lynda Alper