

GENERAL SURGERY

*"PATIENTS DON'T CARE HOW MUCH YOU KNOW,
UNTIL THEY KNOW HOW MUCH YOU CARE"*



RESIDENCY
TRAINING PROGRAM
June 2011

UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS
GENERAL SURGERY RESIDENCY TRAINING PROGRAM

INTRODUCTION:

The Surgical Residency Program is an integrated training program based at the University Hospital, the Pediatric University Hospital and the Veterans Administration Hospital and under the direction of the Department of Surgery of the University of Puerto Rico Medical School.

The University Hospital and the Pediatric University Hospital are located in the Puerto Rico Medical Center in Río Piedras, and have a combined capacity of 580 beds and are the main clinical teaching unit of the Medical Sciences Campus of the University of Puerto Rico. They are hospitals dedicated to the care of the sick, to the teaching of the health sciences, to basic and clinical research and to the continuous advancement of the Medical School faculty. The University Hospitals enjoy approved residency programs in Anesthesia, Dermatology, Emergency Medicine, Family Practice, General Surgery, Internal Medicine, Neurology, Neurosurgery, Nuclear Medicine, Obstetrics & Gynecology, Ophthalmology, Oral & Maxillofacial Surgery, Orthopedics, Otorrhinolaryngology, Pathology, Pediatrics, Physical Medicine, Psychiatry, Radiology (Diagnostic), Radiology (Therapeutic), Urology, as well as the training programs in the medical subspecialties.

The Veterans Administration Hospital is located in Rio Piedras, a few minutes from the Puerto Rico Medical Center. It is an integrated institution for the General Surgery Residency Program of the University of Puerto Rico. Its 358 beds serve as a major teaching hospital for the medical students and residents.

In addition, the University of Puerto Rico Hospital at Carolina, and the Auxilio Mutuo Hospital are utilized for specific rotations. Under contract, oncologic patients are treated at the Oncologic Hospital as an extension (oncologic ward) of the University Hospital. The Oncologic Hospital is within the Medical Center complex. The University, Oncologic, and V.A. Hospitals have each an ACS sponsored Cancer Program.

The average daily census, yearly admissions and outpatient visits as of June, 1996 in the general surgical services (University Hospital) are as follows: Average Daily Census = 34.74; yearly admissions = 5,192; OPD Visits = 6,579.

The University of Puerto Rico Medical Sciences Building is adjacent to the Central Building of the Puerto Rico Medical Center. The Basic Science Departments of the Medical School, the offices of the Department of Surgery and the Surgical Research Laboratories are all on the same building.

THE DEPARTMENT AND FACULTY

Chairman of the Department:
Program Director and Associate Director
for Surgical Education:

Segundo Rodríguez-Quilinchini, MD, F.A.C.S., F.A.S.C.R.S.

William Méndez-Latalladi, MD, F.A.C.S.

<i>FACULTY</i>	<i>SERVICE</i>	<i>HOSPITAL</i>	<i>AREA OF SPECIALTY /INTEREST</i>
Dr. Manuel Más Ramírez	General Surgery	UDH	General Surgery
Dr. William Méndez Latalladi	General Surgery	UDH	Endocrine Surgery Nutritional Support
Dr. Gilberto Rodríguez Morales	General Surgery	UDH	General Surgery
Dr. Juan J. Lojo Vázquez	General Surgery	UDH	IBD; Gastrointestinal Surgery
Dr. Antonio Pavía	General Surgery	UDH	Peripherovascular /General Surgery
Dr. Marino Blasini	General Surgery	UDH / Oncologic Hospital	General Surgery
Dr. Pablo Rodríguez Ortiz	Trauma/Critical Care	Trauma Center/UDH	Trauma/Critical Care
Dr. Quirico Canario	Trauma/Critical Care	Trauma Center/UDH	Trauma/Critical Care
Dr. Jorge Hernández Sucarichi	Trauma	Trauma Center	Trauma
Dr. Jorge I. Pelet Majías	General Surgery/Trauma	Trauma Center/Auxilio Mutuo Hospital	Trauma and General Surgery
Dr. Reynold López Enríquez	Surgical Oncology	Oncologic Hospital	Oncology Surgery
Dr. Alberto Cardona Alicea	Surgical Oncology	Oncologic Hospital	General Surgery
Dr. Edna M. Mora Piñero	Surgical Oncology	Oncologic Hospital	Research
Dr. José M. Marín	Surgical Oncology	Oncologic Hospital	Oncology Surgery
Dr. Pablo Mojica	Surgical Oncology	Oncologic Hospital/Community	Oncology Surgery
Dr. Viviana M. Negrón González	Surgical Oncology	Oncologic Hospital / Auxilio Mutuo Hospital	Breast Disease
Dr. Norma I. Cruz-Korchin	Plastic Surgery	UDH / VAH	Plastic
Dr. Ricardo Jiménez Lee	Plastic Surgery	UDH / VAH	Plastic
Dr. Agustín Rodríguez González	Peripherovascular Surgery	UDH	Peripherovascular
Dr. Fernando Joglar	Peripherovascular Surgery	UDH	Peripherovascular
Dr. Albert Suárez Domínguez	General Surgery	UPR Hospital – Carolina	Bariatric
Dr. Luciano Puccio Hernández	General Surgery	UPR Hospital – Carolina	General Surgery
Dr. José García García	General Surgery	UPR Hospital – Carolina	General Surgery
Dr. Mauro Iranzo	General Surgery	UPR Hospital – Carolina	General Surgery
Dr. Rafael Iglesias	General Surgery	UPR Hospital – Carolina	Minimally Invasive
Dr. Víctor Ortiz	Pediatric Surgery	UPH	Pediatric
Dr. Humberto Lugo	Pediatric Surgery	UPH	Pediatric
Dr. Teresita Avilés	Pediatric Surgery	UPH	Pediatric

<i>FACULTY</i>	<i>SERVICE</i>	<i>HOSPITAL</i>	<i>AREA OF SPECIALTY /INTEREST</i>
Dr. Enrique Márquez	Pediatric Surgery	UPH / Cardiovascular Hospital	Pediatric and Cardiovascular
Dr. Alberto Maldonado	Thoracic and Cardiovascular Surgery	Cardiovascular Hospital	Cardiovascular
Dr. Efraín Defendini	Thoracic and Cardiovascular Surgery	Cardiovascular Hospital	Cardiovascular
Dr. Eduardo Santiago Delpín	Transplant Surgery	Auxilio Mutuo Hospital	Transplant
Dr. Zulma González Caraballo	Transplant Surgery	Auxilio Mutuo Hospital	Transplant
Dr. Luis A. Morales	Transplant Surgery	Auxilio Mutuo Hospital	Transplant
Dr. Segundo Rodríguez Quilichini	Colon & Rectal Surgery	Oncologic Hospital	Colon & Rectal Surgery
Dr. José S. Reyes Torres	Colon & Rectal Surgery	Oncologic Hospital	Colon & Rectal Surgery
Dr. Norma Santiago	General Surgery	VAH	General Surgery
Dr. Carlos Calimano	General Surgery	VAH	General Surgery
Dr. José Sorrentino	General Surgery	VAH	General Surgery
Dr. Andrés Guerrero	General Surgery	VAH	General Surgery
Dr. Carlos Ramírez	General Surgery	VAH	General Surgery
Dr. Reynaldo Reyes	General Surgery	VAH	General Surgery

PROGRAM

Five years are required to complete the entire program. The Parent Institutions provides the surgical experience from primary to tertiary and supratertiary cases for the entire island population. The VA Hospital provides a broad general surgery patient population. Affiliated institutions assure additional operative experience to comply with the RRC requirements. The Program's greatest strength is its Faculty. Our Faculty of 48 members is highly committed with teaching, clinical service and research

The UPR Hospital at Carolina provides a large general surgery patient population with the most frequently performed procedures in a primary and secondary hospital setting under the supervision of five faculty members. Recently a Bariatric Surgery Program has been initiated.

Three rotations are done at Auxilio Mutuo Hospital: Transplantation Surgery and Immunology under the direct supervision of three faculty members. Experience includes critical care and general and vascular surgery in the metabolically and immunologically compromised patient. Community surgery emphasizes in patients requiring general surgery care, advanced laparoscopy and surgical oncology cases. Colorectal and endoscopic surgery is a combined service between Auxilio Mutuo Hospital and Oncologic Hospital.

The rotation at the parent institutions provides experience in general surgery, trauma, endocrine surgery, hand, plastic and reconstructive, head and neck, cancer, pediatric, thoracic, periphero and cardiovascular surgery. Critical care experience is obtained at the Medico-Surgical Intensive Care Unit, Stabilizing, Trauma Intensive Care, Emergency Room and Trauma Intermediate Care Units.

The Cardiovascular Center provides cardiovascular and peripherovascular care to patients' island wide. Approximately 1,424 open-heart cases are done yearly for adult and pediatric cardiac surgery and non cardiac thoracic surgery.

The Trauma Center is a very active unit. All secondary and tertiary trauma patients island wide are taken care of by our Trauma Center. Surgical staff at this center is in-house 24 hours a day. The Center has its own stabilizing, Intensive Care and Intermediate Care Units. The Trauma Intensive Care Unit is within walking distance from the University Hospital.

An Endoscopy - Minimal Access Surgery Laboratory was created which includes training equipment for residents and surgeons for the whole island and from abroad. In accordance, a new surgical laparoscopic laboratory was established and has served as training ground to the island surgeons on laparoscopic procedures.

GENERAL SURGERY PROGRAM

Our General Surgery program consists of 5 years of progressive surgical experience and graded responsibilities after graduation from an accredited Medical School. The Program admits 5 categorical residents to PGY-I and 11 preliminary PGYI positions. For the subsequent years, there are 8 preliminary positions for PGY-II, and five categorical positions for each of the remaining years (II, III, IV, and V). The trainee will progress through three distinct levels of experience as follows:

Junior Resident: The first post graduate years is designed as a to provide basic surgical knowledge and skills for both individuals planning a career in general surgery or in one of the surgical specialties requiring full general surgical training, such as cardiovascular-thoracic, pediatric or plastic surgery. It is also provides the basic surgical knowledge for those residents who will transfer to a surgical subspecialty requiring one or two years of general surgery. Development of basic knowledge and skills in surgical diagnosis, pre- and post-operative care and common simple surgical procedures are emphasized. Adequate knowledge in the application of basic principles of wound healing, bleeding and clotting, shock, responses to injury, surgical metabolism, nutritional problems, surgical endocrinology, surgical anatomy, surgical oncology, infections and antibiotics, anesthesia and respiratory care, neonatology, surgical pathology, burns grafting, organ transplantation, basic immunology, common surgical complications, resuscitation, clinical pharmacology, psychological problems common in surgical patients and neurophysiology are expected of the trainee at the end of his/her Assistant Residency years. At the Oncologic Hospital, Assistant Residents are introduced to national clinical research protocols through the San Juan Comprehensive Oncology Program (CCOP).

Specifically, Junior Residents will be directly responsible for the complete work-up of patients, writing orders for pre and postoperative care as well as daily progress notes. They will perform dressing changes, diagnostic procedures and uncomplicated surgery under supervision. They will be directly responsible to and supervised by the more advanced residents and attending staff.

In order for a resident to be promoted to the next level of training, he/she **must** be competent in the six competencies: **knowledge, patient care, communication skills, professionalism, practice based learning and improvement, and system based practice.** Failure to perform average or above in **any** of this competencies, will be reason enough to deny promotion. No resident is allowed to repeat the same level of training in our Program.

All categorical residents will take the annual ABSITE test. The Program expects that each resident will perform close to, or above national average. Also, there should be a progressive improvement in the **standard score** as he/she progresses in level of training. Failure to perform as expected in the ABSITE will result in

academic warning. If poor performance recurs, probation status will follow. If poor performance occurs for a third time, the Program Director may not recommend the resident to the American Board of Surgery for the board exam. The years of training will be certified.

In order to ensure the widest possible exposure and clinical experience necessary to acquire the above mentioned core knowledge and skills, typical rotations for the Junior Residents are as follows:

General Surgery	1 Year Program
Elective General Surgery	2
Emergency & Trauma	2
Pediatric	1
Thoracic & Cardiovascular	
Tumor	1
VA Hospital	3
Hand	
Intensive Care Unit	1
Electives*	1
Vacation	1

12

*During this elective period trainees are expected to request rotations of one month in such disciplines as they consider best suited to remedy deficiencies in their basic background and experience, or to broaden their knowledge in a particular field of interest. The final program of electives will be subjected to approval by the Program Director. The first year of Assistant Residency fulfills all requirements for a year of internship under the laws of the Commonwealth of Puerto Rico.

Tailored rotations will be planned for designated preliminary residents to meet as much as possible their RRC recommendations.

INTERMEDIATE RESIDENTS:

PGY-2:

The PGY2 year is when the residents will consolidate the basic knowledge acquired during his/her PG1 year and start developing leadership qualities while supervising interns and medical students. During this year his/her responsibilities will broaden especially during night duties where the resident might be able to be on call or in house as the first call to a patient in the emergency room or critical care unit.

There are 5 categorical PGY2 positions and a variable number ranging from 6-8 preliminary positions. Promotion to PGY2 preliminary positions is not automatic as the commitment to provide training to these residents is on a yearly basis. The

residents will be evaluated according to the competencies established by the ACGME, and ABSITE performance.

PGY-3

Following the successful completion of the first two years, those residents committed to the completion of training requirements necessary for the American Board of Surgery eligibility, are promoted for three years of continuous and intensive basic science learning and clinical experience in general surgery. A maximum of five residents can be promoted to PGY3. From now on all positions in the residency program will be categorical. Residents will be evaluated on basis of their previous clinical performance, evaluations, and active participation in teaching activities, In-Training Exam results and book review exam grades. They must have shown compliance with the six competencies. The development and strengthening of surgical skills and judgment in operative experience as well as the total management of the surgical patient including critical care are stressed by progressive responsibility for care of the surgical patient. Under the guidance and supervision of the departmental faculty, **the resident is expected to mature into a safe, confident, responsible, knowledgeable, competent and caring surgeon.** It is expected that the trainee will have acquired at the end of his/her PGY3 Residency period the breadth of knowledge and clinical experience necessary to accept senior responsibilities in a service. At the fourth year level the resident is the senior resident in charge of some rotations.

Specifically, Intermediate Level Residents will be directly responsible for the supervision of the Assistant Residents and medical students in the service. They will be responsible for the disposition of emergency cases as well as for the preoperative and postoperative care of the patients in the service to which they are assigned. They will be expected to do progressively more complex cases under the supervision of the Senior Resident and Attending Staff.

A typical associate resident program is outlined below.

Elective General Surgery	10	months
Emergency and Trauma	3	months
Pediatric	2	months
Thoracic and Cardiovascular	2	months
Tumors	4	months
Electives*	1	months
Vacation	<u>2</u>	months
	24	months

* Under special circumstances residents are allowed to rotate on clinical services at U.S.A.

SENIOR RESIDENT: PGY4-PGY5 Once a trainee has satisfied the requirements of the Assistant and Associate Residency Program, and is judged by the faculty to be qualified to act as senior with direct responsibility for the care of patients, he/she is

promoted to the position of Senior Resident. It is expected that at the end of his/her senior year he/she will have fulfilled all the training requirements for eligibility to the American Board of Surgery. Specifically, senior residents will be responsible for the day to day administration of the service to which they are assigned. They also supervise medical students, assistant and associate residents in the service, conduct daily service rounds, schedule operations, assign residents to assist or perform surgery and answer consultations from other services or departments. They will manage, under attending supervision, complicated surgical problems and will be expected to have performed a significant number of cases for which they had complete responsibility. They are expected to be independent in their reading and evidence base practice. They must show improvement in the compliance with the six competencies. It is expected that all of our trainees will pass the American Board of Surgery Exams as first takers.

CHIEF RESIDENT: Each year one of the senior Residents will be chosen by the Program Director for the position of Chief Resident. Such a trainee, in the opinion of the Program Director, besides fulfilling all the requirements for senior residency must have shown exceptional qualities of leadership, organization, maturity and responsibility. In addition to all the rights, privileges and responsibilities of a senior resident, he will be the official representative of the resident staff in all-departmental activities and will be responsible for the implementation of departmental policy at the house staff level. Specifically, he/she will be in charge of compliance by all residents with the new work hours ACGME requirements.

ACADEMIC SURGERY TRACK:

Opportunity will be provided for those residents seeking a career in academic surgery to further their experience by spending a period of at least 12 months in a field of research in surgery or in the basic sciences of their particular choice. This period will be provided at least one year before assuming the responsibilities of senior resident. This year is in addition to the five clinical years. The program may be based at the Surgical Research Laboratory facilities or in a basic science department of our School of Medicine. However, in extraordinary cases, arrangements may be made for rotation in other institutions in Puerto Rico or at USA this will be available on a voluntary basis, only to Categorical Residents in good status.

In addition to General Surgery, our program enables the resident to acquire an understanding of the basic science principles, clinical judgment, and operative care in the following surgical areas:

- Cardiac: Adequate experience is obtained when they rotate in Adult Cardiovascular Surgery at the Puerto Rico Cardiovascular Center.
- Gynecological operative experience is obtained in during the rotation at the Oncologic Hospital.

- Orthopedic operative experience is obtained during the Assistant Residency level on a one-month rotation and during rotations at the Trauma Center in close relation with the Orthopedic Service.
- Neonatal and Pediatric Surgery experience is obtained while they rotate at the Pediatric Surgery Service at the University Pediatric Hospital.
- Anesthesiology: This experience is obtained in coordination with Anesthesia Department while managing their patients at the Medical Center Operating Rooms and the ICU units. CPR courses are given annually.
- Thoracic Surgery experience is obtained while they rotate at the Thoracic and Cardiovascular Service at the Puerto Rico Cardiovascular Center as well as at the General Surgery Service at the VA and Oncologic Hospitals.
- Neurological Surgery experience is obtained while they are at the Assistant Residency level through the combined care of neurological trauma patients at the Trauma Center.
- Plastic Surgery experience is obtained from our plastic surgeons. There is a one-month rotation as assistant resident. Experience is also obtained at the VA Hospital rotation.
- Urology Service experience is obtained through the combined care of multiple trauma cases with urology residents and attending staff.
- Transplantation and Immunology is obtained during the rotation at the Auxilio Mutuo Hospital.
- Endoscopic experience is obtained as follows:
 - 1) Flexible endoscopy, gastroscopy and colonoscopy are performed under the supervision of fully trained endoscopist surgeon at the VA. Our operating rooms both at the University and VA Hospitals have flexible endoscopes for biliary tract intra op evaluation.
 - 2) Laryngoscopy and bronchoscopy experience is obtained when they rotate at the Thoracic Service in the Cardiovascular Center and at the Oncologic Hospital.

MINIMAL ACCESS SURGERY

We have developed a minimal access surgery section - the primary responsibility is training in laparoscopic surgery. All residents are given a basic course in laparoscopic surgery. We are performing laparoscopic cholecystectomy, appendectomy and herniorrhaphy, splenectomy, esophageal surgery, as well as thacoscopy. Gradually, more advanced laparoscopic procedures will be performed to comply with the RRC requirements for accreditation.

OUTPATIENT DEPARTMENT:

Surgical services in each of the participating institutions hold one or more outpatient clinics weekly. All residents are expected to attend the clinic to assure continuity of care. They will see all patients, do all diagnostic work up and, with the supervision of the attending staff, and decide the final disposition. Patients are followed postoperatively at these clinics until discharged from the service.

APPOINTMENTS, SELECTION AND PROMOTION OF RESIDENTS

All appointments are made on a yearly basis. Once the appointment has been made the resident then signs a contract either with the Medical School or the VA Hospital. Residents are handed the criteria through which they will be evaluated. Due process is also included.

I. SELECTION OF PGY-I SURGICAL RESIDENTS:

- A. The Surgical Resident Selection Committee evaluates all residents for the PGY-1 year of the residency.
 1. The Surgical Resident Selection Committee consists of five members.
 - a. The Associate Director of Surgical Education is the Chairman of the Committee.
 - b. The faculty member in charge of the surgical residents at the Veterans Administration Hospital.
 - c. Three members at large selected every three years from the surgical staff.
 2. The Committee will start reviewing applications on December 1 of the current year. Only completed applications will be reviewed. A complete application consists of:
 - a. Application form filled in duplicate
 - b. Graduate from an LCME Accredited School: copy of diploma
 - c. College and Medical School Transcript
 - d. ECFMC Certificate if Foreign Medical School Graduate
 - e. Proof of having passed the first two parts of the USMLE

- f. Two recommendations
 - g. Proof of having passed either the first two part of the National Board of Medical Examiners or the first two part of the Puerto Rico State Board.
 - h. Curriculum vitae and personal statement
 - i. Fully bilingual – English/Spanish
3. The Committee will recommend the candidates based on criteria for admission. A personal interview will be required to those applying for General Surgery categorical positions.
 4. The names of the residents recommended will be presented to the Program Director who will on the Ranking order through the MATCH Program.
 5. The Chairman of the Department will send acceptance letters to candidates matched in the Program. Two weeks are allowed for a response.
 6. After match day, all unfilled positions will be offered to the available candidates.
 7. Application records of candidates not selected will be kept in file for one year. Reapplication for the next year should be requested in writing. If the applicant does not reactivate his application within this time, the records will be destroyed.

II. SELECTION OF CANDIDATES FOR PGY-2, 3, 4 POSITIONS:

- A. Applicants will need to complete an application packet as described above. Additional information required:
 1. Copy of evaluations obtained in the accredited surgical program from which they come.
 2. Copy of all In-Training Scores previously obtained.
 3. A letter of recommendation from the Director of the Program from which they come.
 4. If there are intervening years the applicant has spent outside a formal program, a full account as to how that time has been spent is required.
 5. A personal interview with the Admission Committee is mandatory.

- B. The completed folders of new candidates will be evaluated by the Admission Committee, and presented to the Program Director, with their recommendations, for final decision.

III. EVALUATIONS:

Residents in our Program will be evaluated for promotion at a Faculty Meeting after arrival of the ABSITE scores. Residents' evaluations are carried out monthly. All attending staff of the services to which the resident is assigned fill out a standard evaluation sheet through the E-Value System. A summary of the evaluation are presented by the P.D. to the faculty at a staff meeting for discussion. Any concern will be notified and discussed with the resident involved. The Program will do every thing possible to allow the resident overcome the deficiency. The Surgical In-Training Examination (ABSITE) scores from the previous years form an integral part of this evaluation process. Residents required achieving at least the national mean standard score. A resident below this level will be placed on academic probation. We expect from our residents at the PGY I, PGY II and PGY III levels to increase, from year to year, 50 points in the standard score, and 20 points at the PGY IV and PGY V levels. Help will be given to any resident unable to achieve these minimum levels. Failure to improve in the standard scores above the minimum limits, in addition to other outcome measures may disqualify the resident for promotion or graduation. At least, every six months the evaluations will be discussed with each resident. At any time they can argue any adverse evaluation. The final evaluations are available for residents in the Training Program Director's office and a copy is sent to the Director of Graduate Medical Education.

IV. PROMOTIONS AND OTHER ACTIONS:

The surgical program is accredited for a minimum of five years of surgical training. Additional years of training may be required as judged by the surgical staff, based upon evaluations, special conditions or circumstances.

The Training Program Director presents to the Surgical Staff, in a regular meeting, the available evaluations of each resident to consider promotion. Final decision is taken by the Program Director.

Residents with less than satisfactory or with unsatisfactory evaluations will be subject to one of the following actions:

1. Immediate dismissal without credit for the months in the residency.
2. Dismissal at the end of the year with credit given for the entire year.
3. Placement on probation for a period of three months with reevaluation near the end of this period, at these time three actions may be followed:
 - a. Dismissal if performance is unsatisfactory
 - b. Remedial action & reinstatement of good standing

The Program Director will notify in writing the decision on their promotion. After the resident fulfills all his obligations and finishes his training satisfactorily in a way that the Program Director can certify that he/she can practice surgery completely & independently, the Program Director will send him a letter certifying successful completion of his training.

V. DISCIPLINARY ACTIONS:

Residents who do not comply with the rules of the Program, the contract with the University of Puerto Rico or the by-laws of the University Hospital, the Veterans Administration Hospital or any of the affiliated hospitals, will be liable to the following actions:

1. Immediate dismissal
2. Admonishment with or without placement in disciplinary probationary status.

Residents in probationary status cannot have special rotations nor participate of official trips.

VI. AMERICAN MEDICAL ASSOCIATION: PRINCIPLES OF MEDICAL ETHICS

PREAMBLE

The medical profession has long subscribed to a body of ethical statements primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct, which define the essentials of honorable behavior for the physician.

- A. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.
- B. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
- C. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interest of the patient.
- D. A physician shall respect the rights of patients, of colleagues, and other health professionals, and shall safeguard patient confidences within the constraints of the law.
- E. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues and the public, obtain consultation, and use the talents of other health professionals when indicated.
- F. A physician shall, in the provision of appropriate patient care expect in emergencies, be free

to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

- G. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

VII. JOB DESCRIPTION: RESIDENT

The resident meets the qualifications for resident eligibility enumerated in the Institutional Requirements of the Accreditation Council for Graduate Medical Education.

The Program has an educational curriculum, which meets the requirements of the ACGME. As the position of resident involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, the competence of the resident is evaluated on a regular basis. Residents participate in patient care activities under the direction and supervision of members of the medical staff. The degree of direct supervision provided to residents at specific levels of training are delineated within each program's guidelines. The degree of direct supervision provided to each resident is based upon the ongoing evaluations of performance and is at the discretion of the Program Director and teaching staff of the program. The program maintains a confidential record of the evaluations.

The position of resident entails provision of care of the patient commensurate with the resident's level of advancement and competence, under the general supervision of appropriately privileged attending teaching staff. This includes:

- ✓ Participation in safe, effective and compassionate patient care;
- ✓ Developing an understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care;
- ✓ Participation in the educational activities of the training program and, as appropriate, assumption of responsibility for teaching and supervising other residents and medical students, and participation in institutional orientation and education programs and other activities involving the clinical staff;
- ✓ Participation in institutional committees and councils to which the resident is appointed or invited; and
- ✓ Performance of these duties in accordance with the established practices, procedures and policies of the institution, and those of its programs, clinical departments and other institutions to which the resident is assigned; including, among others, state licensure requirements for physicians in training.

VIII. RESIDENT RESPONSIBILITIES FOR PROFESSIONAL CONDUCT

In addition to satisfying academic requirements for promotion and/or retention, which are established by each respective training program, all members of the house staff are required to conduct themselves in a professional manner and to abide by recognize principles and codes of ethical behavior.

You should be aware that you became members of the medical staff of the hospitals utilized by our program in a resident status. The Graduate Medical Education Committee's Policy on Reappointment and Disciplinary Actions provide the mechanism for resident dismissal for non-professional conduct, which incorporates appropriate due process. Being this Program sponsored by the UPR, you are expected to abide by its rules, regulation and policies.

VIII. APPELLATE PROCEDURES:

The Surgical Staff delegates on the Program Director the responsibility of informing the resident of any adverse decision taken by the surgical staff. The resident will be notified personally and in written by the Program Director, who will keep written records of the conversations.

The resident may appeal the decision of the Staff by asking for a reconsideration of the case within 7 working days of notification. The resident can present his case personally at this staff meeting. All the facts of the case will be reevaluated and a decision will be taken on possible alternative action. The resident will again be notified of the decision. If the final decision is still adverse, and if the decision involves dismissal from the program, the resident can appeal this decision to the appellate committee within 7 working days of the latest notification. The Graduate Medical Education Director appoints three of four members from the Graduate Medical Education Committee to the Appellate Committee. No Faculty members from the Department of Surgery can participate. The Appellate Committee will pass final judgment on the dismissal decision.

HOUSE STAFF GENERAL DUTIES AND RESPONSIBILITIES

1. Mandatory attendance to all Educational Activities in all rotations.

DIPLOMA OR AWARDS:

Upon completion of the General Surgery Training Program, the trainee will receive a diploma or certificate according to his performance. A trainee who leaves prior to such completion will receive a certificate of accredited years of training. In the case of those trainees who request and satisfactorily finish the Academic Surgery Program their diploma will certify their satisfactory completion of the Academic Surgery Residency Program. The Resident's Record on Graduate Education in Surgery must be completed with three signed copies prior to receipt of the diploma or the certificate. It is expected that trainee will

complete all the medical records and clear other administrative responsibilities prior to receipt of the diploma or certificate of training.

- A. Medical Student Surgical Award
- B. Resident Awards

GENERAL TEACHING ACTIVITIES REQUIRING RESIDENT PARTICIPATION:

1. **Journal Club**

Members of the resident staff will report on articles from surgical journals. A discussion of each article will follow with participation of the residents and attending staff.

Evidence-Based Practice, the resident should be able to evaluate the validity & clinical application of the articles. They should also make a review of the literature on the subject and prepare a bibliography, which will be part of his/her portfolio. Whenever possible the resident will be encouraged to do a review of clinical cases for comparison.

2. **Grand Rounds**: every other Wednesday 5:30 – 6:30

A distinguished surgeon or other physician in fields relevant to surgical practice will be invited as a guest speaker.

3. **Morbidity and Mortality**: Every Wednesday 4:30-5:30.

A new form will be filled for each discussed addressing each competency. Where a System-Based problem is identified, a communications should be sent to the appropriate level.

All mortalities and complications will be presented for discussion at this weekly meeting.

4. **Book Review Series**: Every Monday 6:00-7:00 pm

5. **Gastro-surgical conference**: every Monday 5:00 pm to 6:00 pm

6. **Endocrine-Surgical Meeting**: First Thursday of each month 8:00-8:30 am

Every Thursday, at 11:00 am the residents will be divided into three groups. PGY-1 will meet the PD for Professionalism Issues; PGY-2 y PGY-3 for Critical Care Conference. PGY-4 and PGY-5 for Mock Orals.

The residents assigned to the VA Hospital will attend the teaching activities in that hospital for the duration of their rotation.

*Residents rotating in UPR Hospital at Carolina, at the Trauma Center and at Cardiovascular Center must attend these activities.

As a rule, categorical general surgery residents rotating in electives will attend these weekly teaching activities.

EXPERIMENTAL SURGICAL LABORATORY:

Under the Surgical Department, the Experimental Laboratory offers excellent facilities for research including the use of small and large animals including survival surgery. It's facilities are also utilized for the ATLS training courses given to physicians island-wide. Is also has capacity for video teleconference.

A Surgical Research Laboratory attempts to provide facilities and space for the conduct of formal research. It must provide an atmosphere free of prejudice and bias, rich in ideas, conducive to scientific interchange between the different investigators regardless of the field and stimulatory to the pursuit of knowledge. This atmosphere should be an ideal starting point for the training of residents as young investigators. In general, the rotation as a junior resident through the Surgical Research Laboratory should not strive to create an academician out of each of its residents. But it should provide enough guidance so that the individual learns what research is all about, the critical evaluation of the literature, and the scientific method, so that he can pursue independent research in the future.

1. During the last years there has been a demand to use the Surgical Research facilities for teaching surgical techniques to surgical residents. In spite of the fact that the primary orientation of the Surgical Research Laboratory is towards research; the laboratory recognizes a secondary responsibility to teach residents specific surgical techniques.

The Chairman and Program Director is entitled to make additional requirements or limitations in the program to comply with the American Board of Surgery and Residency Review Committee policies related to training, certification and accreditation in Surgery.

APPLICATIONS:

Should be addressed to:

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Professor of Surgery and Residency Program Director

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DUTIES OF THE CHIEF RESIDENT
DEPARTMENT OF SURGERY
UNIVERSITY HOSPITAL

1. Assist the Chief of the Department and the Training Program Director in the organization and direction of the training program for residents in the Surgical Department.
2. Organize the work of all residents in the Department of Surgery to provide adequate coverage for the surgical ward, OPD clinics, Emergency Service and Operating Room.
3. Assign patients to a specific surgical service or specialty and supervise the rounds and treatment offered to surgical and specialty patients in the wards.
4. Assign the case presentation to the residents for the teaching activities of our Department.
5. Supervise the attendance of residents to the didactic activities of the Department.
6. Supervise and direct the teaching activities of our Department so that they start and finish on time.
7. Perform weekly Chief Resident rounds and determine the patient's needs and take the appropriate action to solve their problems.
8. Supervise the completion of the medical records on time.
9. Attend the surgical faculty meeting representing the residents' staff.
10. Participate in the evaluation of residents of our Department.
11. Suggest and implement disciplinary action for residents when needed.
12. In the absence of the operating room director, he will determine priorities in the management of patients requiring surgery, including general surgery and subspecialties' patients.
13. Assist the medical and paramedical personnel of the operating room facilities.
14. Assist the medical and paramedical personnel from our surgical wards so that they can function at maximum efficiency.
15. Participate in the teaching and evaluation of the medical students assigned to our Department.

16. Participate as surgeon or as assistant in operations on our general surgery patients as deems necessary.
17. Request assistance and advice from the attending staff when he seems necessary.
18. Participate departmental and residency program committees.
19. Anything else that he believes that would be of benefit to our patients as far as there is no conflict with the moral or law of the Commonwealth of Puerto Rico.
20. Coordinate and fulfill all duties requested from him and/or Resident Staff regarding Quality Assurance at the University Hospital.
21. Assist the Chief of Service and/or the Training Program Director in the accreditation of the hospital by the Joint Commission on Accreditation of Health Organizations.
22. Help and preside a monthly meeting with surgical subspecialty chief residents.