

**VASCULAR SURGERY ROTATION - PGY 1
ROTATION SPECIFIC OBJECTIVES (RSO)
DIVISION OF VASCULAR SURGERY
UNIVERSITY OF MASSACHUSETTS**

The purpose of this RSO is to outline and clarify the objectives of the one month Vascular Surgery rotation as it applies to the first year plastic surgery resident. This document is meant to serve as a guide to the educational objectives of the Vascular Surgery Rotation and to delineate the expectations and responsibilities of the Resident and the Attending Faculty. It is imperative that this educational experience comply with the concepts of the core competencies outlined by the ACGME and mandated by the Residency Review Committee (RRC).

1. MEDICAL KNOWLEDGE:

- a. The resident is expected to demonstrate an analytic approach to clinical problems and apply basic and clinical science to solving problems.

2. PATIENT CARE:

- a. The resident is expected to provide care that is compassionate, appropriate, and effective. This care is to be based on the most current scientific information and to incorporate the knowledge of other health professionals as appropriate.

3. PRACTICE-BASED LEARNING IMPROVEMENT:

- a. The resident is expected to analyze clinical results and use methodologies for on going improvement. Appropriate use of information technology, the literature, and statistical analysis are tools to be employed in this endeavor.

4. INTERPERSONAL COMMUNICATION:

- a. The resident is expected to function effectively as a member of the health care team and demonstrate skillful information exchange with patients, fellow residents, and faculty.

5. PROFESSIONALISM:

- a. The resident is expected to act at all times in an ethical manner. The resident will demonstrate a commitment to excellence and treat all patients with respect, compassion, and a right to privacy.

6. SYSTEMS-BASED PRACTICE:

- a. The resident is expected to advocate for quality medical care. In this context, the resident must practice cost effective care without compromising quality.

These basic competencies are to be taught by staff role modeling and by staff serving as preceptors in surgery, clinics, and office settings. Other effective tools to be employed are conferences, case presentations, and day-to-day interaction with the attending staff. The

resident will meet with faculty members to assess his/her progress toward the RSO and address any deficiencies. Progress will be monitored by faculty observation and an end of rotation evaluation form. The surgical resident will provide pre-operative, operative and post-operative care to surgical patients with vascular disorders in the hospital, out-patient clinic, Emergency Department and ICU under the supervision of the attending vascular surgical staff. The resident will attend and participate actively in the weekly vascular surgery conference in addition to the regular general surgery conference schedule. Compliance with Massachusetts State Health Department Code Regulations regarding resident work hours is mandatory. The resident should arrange appropriate transfer of inpatient care when he/she must leave the hospital.

VASCULAR SURGERY CURRICULUM

It is the goal of the Division of Vascular Surgery to provide for competency-based education of the surgical residents in the principles and practice of vascular surgery. The safe and effective care of vascular patients will be stressed.

PROFESSIONALISM (applicable to all subjects and training level.

1. Prompt return of pages
2. Thorough sign out to other members of the team or covering physicians.
3. Prompt arrival to O.R. and clinics
4. Introduction to and exam of patients prior to the O.R.
5. Maintenance of patient confidentiality
6. Attendance at conferences

KNOWLEDGE AND PATIENT CARE COMPETENCIES

At the end of the junior years, the resident will have an *introductory* understanding of congenital and acquired diseases of the vascular system, including vascular anatomy, the pathophysiology of vascular disease, and the methods of management of patients with vascular disease. The vascular system includes the arterial, venous and lymphatic systems.

For the resident completing the junior years, the following specific objectives should have been met on the Vascular Rotation:

1. Evaluate patients for vascular disease
 - a. Thorough complete medical history (including cardiovascular and peripheral vascular history)
 - b. Cardiovascular risk factors (including hypertension, diabetes, smoking, hypercholesterolemia, hypercoagulable disorders, etc.)
 - c. Working knowledge of arterial and venous anatomy
 - d. Physical examination and noninvasive assessment of vascular system
 - i. Complete pulse examination
 - ii. Portable Doppler ultrasound
 - iii. Ankle-brachial indices

- iv. Neurologic exam
- e. Introduction to vascular testing including duplex ultrasonography, conventional angiography, computed tomography, and magnetic resonance angiography
- 2. Perform the preoperative assessment and postoperative care of patients undergoing major vascular surgical procedures
 - a. Perform relevant reading regarding vascular disease processes
 - b. Assimilate data and organize and prioritize daily activity
 - c. Conduct bedside rounds
 - d. Identify, evaluate and treat common complications of vascular disease
 - e. Develop case presentation skills
 - f. Communicate effectively with nursing staff and other ancillary personnel
 - g. Teaching and involvement of medical students on the vascular service
- 3. Demonstrate skill in basic surgical techniques, including:
 - a. Knot tying
 - b. Exposure and retraction
 - c. Knowledge of instrumentation
 - d. Incisions / closure of incisions
 - e. Wound dressing application
- 4. Participate in treatment and surgery for venous disease, including:
 - a. Ligation and stripping for venous reflux and varicose veins
 - b. Management of venous stasis ulcers
 - c. Compression boot therapy
 - d. Ulcer wound management
 - e. Management of venous thrombosis and pulmonary embolism
 - f. Inferior vena cava filtration
 - g. Working understanding of anticoagulation and antiplatelet therapy
- 5. Participate in other basic vascular procedures including:
 - a. Amputations including demarcation / functional amputation levels
 - b. Arterial/venous/arteriovenous access procedures
- 6. Evaluate and manage patients with lymphedema
- 7. Introduction to indications, advantages, and disadvantages of angiography and catheter based endovascular procedures.
- 1. with lymphedema