

DESCRIPTION OF RESIDENCY PROGRAM

The general surgery residency combines the surgical resources of 3 fully affiliated hospitals: the Medical University Hospital, the Ashley River Tower (ART) and the Charleston VA Medical Center which are located within easy walking distance as well as the McLeod Regional Medical Center in Florence, SC.

The full time staff of the Medical University of South Carolina Department of Surgery is responsible for the surgical services within the Divisions of General Surgery, Transplant Surgery, Vascular Surgery, Cardiothoracic Surgery, Pediatric Surgery and Plastic Surgery at three affiliated institutions in Charleston. A full complement of residents is assigned to each of these services on a regular basis. General Surgery includes gastrointestinal/laparoscopic, vascular, trauma/critical care, and oncologic/endocrine surgery. Residents also are assigned to other surgical services with approved graduate education programs including orthopedic surgery and urology. Since many of the first-year positions in this program are filled by candidates who continue on in one of the surgical specialties, there is a close working relationship between the Department of Surgery and various surgical specialty departments.

Many of the residents in general surgery elect to obtain additional fellowship training in a surgical specialty following completion of the PGY-5 year. The Divisions of Cardiothoracic Surgery, Transplant Surgery, Surgical Critical Care, and Plastic Surgery have been helpful in affording this opportunity to our graduates locally. Others have accepted fellowships in other institutions for advanced training in vascular, pediatric surgery, advanced laparoscopic surgery, trauma, and surgical oncology. The latter fellowships are not offered in our institution.

The general surgery program requires 5 years including the straight surgical internship.

PGY-1 assignments are primarily for one-month periods and include broad exposure to general and specialty services in the two primary affiliated hospitals. Upon completion of the year, the resident has had experience in each of the hospitals and exposure to most of the full time staff. Emphasis is directed to the fundamentals of surgical care, preoperative and postoperative, as well as learning fundamental technical skills.

PGY-2 assignments are for 2 months and afford experience in breast/endocrine, vascular surgery, pediatric surgery, cardiothoracic surgery, and trauma.

PGY-3 assignments are for periods of 3 months and include assignments in night emergency/trauma surgery, transplant surgery, Veterans Administration general surgery, surgical ICU, and GI surgery.

PGY-4 residents serve as senior general surgical residents on the day/night trauma service, breast/endocrine service, and pediatric surgery service. The resident also has a rotation at the McLeod Regional Medical Center in Florence, SC where experience in general surgery in a private practice community hospital is acquired.

PGY-5 chief residents are assigned full time to the four general services - Laparoscopic/Bariatric GI, Biliary/Pancreas GI, Vascular Surgery, and GI Surgical Oncology at the ART. The chief resident is expected to assume maximum responsibility for all aspects of surgical care on each service.

Assignments are intended to provide a broad base of experience in the first two years and increasing responsibility for surgical care throughout the final three years, culminating in maximal opportunity to manage surgical patients in and out of the operating room in the year as chief resident.

The surgical staff is responsible for maintaining the quality undergraduate and graduate surgical education at MUSC. The methods by which this is accomplished vary somewhat between the two affiliated hospitals:

Supervision of operating room activities is clearly the responsibility of the attending surgeon. His exact role in any given case will vary with the capability of the residents and the complexity of the surgical problem. It is expected that the resident will be afforded the opportunity to perform operations within his

technical capability. During complicated procedures, the attending is scrubbed and provides direct assistance and does not hesitate to perform part or all of a given procedure when this is deemed appropriate, and in the best interests of the patient.

MUSC - All patients, regardless of economic or social status, are assigned to a specific attending surgeon who assumes overall responsibility for surgical care. The attending surgeon makes rounds regularly to review each patient's status with the residents and assigned students. Normally, rounds are carried out on a daily basis, although with complicated problems the frequency increases. When a surgeon is not available to provide care, he arranges for a colleague to assure continuity.

Charleston VAMC - All major cases are staffed with the attending surgeon scrubbed during the important aspects of the procedure. On lesser cases, the attending is immediately available, and usually in the room or O.R. area. Supervision is carried out in a manner consistent with the requirement that the environment affords the opportunity for increasing responsibility based on demonstrated capabilities of any given resident.

In each hospital, surgical clinics are held weekly for follow-up of patients cared for on the general surgical services. Attendance at clinics is required by the surgical residents, as well as medical students assigned to the service. An attending surgeon is assigned to each clinic and is present for consultation. In addition, a weekly cancer clinic is held, involving the residents assigned to the Oncologic Surgery Service where most surgical oncology problems are admitted.

The department has approximately 20 junior medical students assigned each rotation. In addition, 4th year students are assigned to preceptors and participate in patient care and the activities of each service. The residents are an integral part of the education program for medical students. Students are assigned to most services and are in constant contact with the resident staff. All residents are responsible for teaching junior residents and students assigned to the services. Residents also make presentations at weekly conferences attended by both residents and students.

Each resident takes the annual In-Service Examination of the American Board of Surgery (ABSITE). The results of this examination are considered in the promotion of residents. We require our residents to score above the 20th percentile nationally and to improve their percentile yearly. Failure to do so will result in mandatory remediation and, if this occurs for two consecutive years, may result in dismissal from the program.

Upper level residents also are given oral examinations which closely approximate the conditions and content of the certifying examination of the American Board of Surgery.

Each resident should personally maintain an operative log of cases concurrently and up-to-date on the ACGME website. This must be presented to the attending service chief at the end of each rotation in order to get credit for that rotation. This will serve as an important check against the computerized registry data base so that individual cases are not lost or improperly categorized. This is an extremely important responsibility and cannot be overemphasized.

Each month members of the attending staff fill out an evaluation form for residents on their service. These are reviewed by the Department Chairman, Vice-Chairman for Education, and the Chairman of the Graduate Medical Education Committee. Any irregularity is reviewed with the resident's advisor and, when persistent or recurrent, the matter is reviewed with the resident by either the Graduate Medical Education Committee Chairman or Department Chairman. Each resident is reviewed by the Department as a whole twice yearly with the resident's record presented by the attending advisor. In addition, residents have the opportunity to evaluate the attending faculty.

12/99; 6/00; 6/01; 11/01;6/02; 6/03; 6/04; 6/05; 6/06; 6/07; 6/08