
FLORIDA ATLANTIC UNIVERSITY

Charles E. Schmidt College of Medicine
Department of General Surgery

GENERAL SURGERY RESIDENCY PROGRAM INSTITUTIONAL CURRICULUM QUALITY MANUAL

Academic Year 2026–2027

Training Sites:

Boca Raton Regional Hospital | Bethesda Hospital East | St. Mary's Medical Center
West Boca Medical Center | Bethesda Hospital West

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SECTION I: PROGRAM MISSION, VISION & OVERVIEW

1.1 Program Mission

The Florida Atlantic University General Surgery Residency Program is dedicated to training exceptional surgeons who are clinically competent, technically proficient, academically productive, and committed to compassionate patient-centered care. Through a diverse network of teaching hospitals, residents receive comprehensive training in general surgery, trauma, surgical critical care, vascular surgery, surgical oncology, colorectal surgery, breast surgery, pediatric surgery, burn surgery, minimally invasive surgery, robotic surgery, and multidisciplinary cancer care.

The educational curriculum is founded upon the ACGME Core Competencies, American Board of Surgery requirements, the SCORE curriculum, and a model of graduated responsibility designed to prepare residents for independent practice, fellowship training, and leadership within the surgical profession.

1.2 Vision & Academic Year 2026–2027 Restructuring

The 2026–2027 academic year marks a deliberate and comprehensive restructuring of the FAU General Surgery Residency Program. This initiative is designed to improve strengthen resident education, patient safety, enhance accountability, and standardize clinical workflows across all hospital training sites. The redesign reflects a transition toward a more disciplined, team-based, and academically rigorous surgical training environment.

1.3 Core Programmatic Changes

Night Float System

Weekday 24-hour call has been eliminated and replaced with a fully in-house night float model. BRRH and Bethesda Hospital East are each staffed by a paired senior (PGY 3–4) and junior (PGY 1–2) resident team. Core expectations include:

- Senior residents evaluating all consults in person alongside junior residents
- Active overnight management in lieu of passive cross-coverage
- Night teams responsible for discharge planning and real-time patient list maintenance
- Mandatory escalation of critically ill patients requiring ICU-level care
- Elimination of overnight task transfer to incoming day teams

Service Line Redesign

The program has transitioned to a structured, specialty-based service line model. The four designated services at Boca Raton Regional Hospital are:

- Surgical Oncology — Phone: 3887
- Colorectal Surgery — Phone: 3882
- General Surgery — Phone: 3883
- Vascular Surgery — Phone: 3583 (Vascular PA)

Educational & Academic Expectations

- Morbidity & Mortality Conferences: structured, evidence-based, with program leadership review prior to conference; professional dress mandatory; oral examination component incorporated; joint M&M every fifth week across all hospital systems.
- Protected Educational Time: all educational conferences remain mandatory and fully protected from clinical obligations.
- Surgical Grand Rounds: monthly or biweekly, with presentations by faculty, chief residents, and invited guest speakers.

1.4 Resident Role Expectations by PGY Level

Level	Core Responsibilities
PGY-1	Foundational workflow, floor management, and operational efficiency
PGY-2	Consult ownership, triage responsibilities, and daytime consult coordination
PGY-3 / PGY-4	Supervisory leadership and operative responsibility
PGY-5	Service leadership and near-independent surgical practice under supervision

1.5 Professionalism & Accountability Standards

The Department of Surgery is committed to a culture of professionalism, punctuality, and personal ownership at every level of training. The following standards apply to all residents across all training sites:

- Simultaneous start times for all rounding residents, including chief residents
- White coats required during rounds and all educational conferences
- Timely response to all pages, calls, texts, and electronic communications
- Respectful and collegial communication with all hospital personnel
- Mandatory half-day per week clinic attendance (on-site clinic only), in business attire and clean white coat
- Completion of operative logs and complication tracking prior to departure from the hospital

SECTION II: PROGRESSIVE GOALS & OBJECTIVES BY POST-GRADUATE YEAR

Across all five years of training, residents demonstrate progressive competency in the six ACGME Core Competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice.

PGY-1: Foundations of Surgical Practice

PGY-1

Foundations of Surgical Practice

The PGY-1 resident develops fundamental knowledge, skills, and professional behaviors required for a successful career in surgery.

- Demonstrate professionalism, accountability, and commitment to patient-centered care
- Perform comprehensive histories and physical examinations; formulate initial diagnostic and management plans
- Develop proficiency in evaluating surgical patients in inpatient, outpatient, emergency, and perioperative settings
- Recognize common surgical emergencies and communicate findings effectively to senior residents and faculty
- Acquire a strong foundation in surgical anatomy, physiology, pathophysiology, and perioperative care
- Develop proficiency in interpreting laboratory studies and diagnostic imaging
- Provide safe and effective postoperative care, including management of common complications
- Master basic procedural skills including wound care, vascular access, tube placement, and bedside procedures
- Assist in operative procedures and begin developing fundamental technical skills under direct supervision
- Participate actively in didactic conferences, simulation training, and skills laboratories
- Develop effective communication and teamwork skills with patients, families, nurses, and multidisciplinary team members

PGY-2: Development of Clinical and Technical Competence

PGY-2

Development of Clinical and Technical Competence

- Manage surgical patients with increasing independence while recognizing limitations and seeking appropriate supervision
- Function effectively as a surgical consultant for emergency department and inpatient consultations
- Develop proficiency in the care of critically ill and injured patients in the ICU and trauma settings
- Perform common bedside and operating room procedures with increasing technical competence
- Gain proficiency in flexible endoscopy including diagnostic upper endoscopy and colonoscopy
- Develop a comprehensive understanding of perioperative management and surgical complications

- Participate in trauma activations and surgical critical care decision-making
- Demonstrate effective leadership of junior learners and medical students
- Integrate evidence-based medicine into daily patient care decisions
- Continue development of robotic and minimally invasive surgical skills through simulation and operative participation

PGY-3: Transition to Surgical Leadership

PGY-3

Transition to Surgical Leadership

- Lead trauma resuscitations under faculty supervision
- Manage surgical services with increasing independence and efficiency
- Demonstrate proficiency in common general surgery procedures including laparoscopic/robotic operations
- Develop advanced clinical judgment in perioperative decision-making
- Apply evidence-based surgical literature to patient care and clinical discussions
- Participate actively in multidisciplinary conferences including tumor boards and morbidity and mortality conferences
- Supervise and teach junior residents and medical students
- Develop skills in minimally invasive, robotic, and specialty surgical procedures
- Engage in research, quality improvement, and scholarly activities

PGY-4: Advanced Clinical Management and Operative Autonomy

PGY-4

Advanced Clinical Management & Operative Autonomy

- Demonstrate advanced understanding of surgical disease processes and operative decision-making
- Manage complex patients in general surgery, trauma, surgical oncology, vascular surgery, and minimally invasive surgery
- Lead multidisciplinary care teams and coordinate comprehensive patient care
- Function as a senior trauma leader and surgical service manager
- Perform increasingly complex operations with graduated autonomy
- Mentor and supervise junior residents while ensuring high-quality patient care
- Develop expertise in perioperative optimization, complication management, and rescue strategies
- Demonstrate competency in quality improvement, patient safety, and systems-based practice

PGY-5: Chief Resident — Preparation for Independent Practice

PGY-5

Chief Resident — Preparation for Independent Practice

- Demonstrate the knowledge, judgment, professionalism, and leadership expected of an independent board-eligible general surgeon
- Assume primary responsibility for management of complex surgical patients and operative decision-making
- Lead multidisciplinary teams in the care of patients with general surgical, oncologic, trauma, and emergency surgical conditions
- Demonstrate proficiency in advanced open, laparoscopic, and robotic surgical procedures
- Coordinate daily operations of surgical services and ensure efficient patient care delivery
- Supervise, mentor, and evaluate junior residents and medical students
- Serve as a role model for professionalism, ethical conduct, and patient advocacy
- Successfully prepare for certification by the American Board of Surgery and transition to independent practice or fellowship training
- Contribute to the academic mission of FAU through research, quality improvement, teaching, and scholarly dissemination

SECTION III: BOCA RATON REGIONAL HOSPITAL (BRRH) — SITE CURRICULUM

3.1 Site Overview

Boca Raton Regional Hospital (BRRH) serves as the primary tertiary referral center and flagship academic training site for the FAU General Surgery Residency Program. BRRH provides residents with extensive experience in complex general surgery, surgical oncology, colorectal surgery, breast surgery, vascular surgery, minimally invasive surgery, robotic surgery, and surgical critical care.

BRRH Site Profile

Hospital	Boca Raton Regional Hospital (BRRH), Boca Raton, FL
Active Service Lines	General Surgery/EGS, Surgical Oncology, Colorectal Surgery, Vascular Surgery; Breast Surgery (PGY-1) and SICU (PGY-2) designated rotations
Resident Levels	PGY-1 through PGY-5 (all levels rotate at this site)
Robotic Platform	Available for General Surgery, Surgical Oncology, and Colorectal cases
Case Volume	Balanced across service lines; active EGS, elective oncologic, colorectal, endoscopic, vascular, and breast surgical volume
Call Structure	Night float Monday–Friday; 24-hour in-house call on weekends. Senior residents (PGY 3/4) provide supervisory coverage to junior residents (PGY 1/2).

Expectations for All Residents at BRRH

- Attend and actively participate in Surgical Grand Rounds, M&M Conference, and protected didactic educational sessions
- Maintain professional communication with BRRH nursing staff, OR coordinators, case managers, and ancillary teams
- Document all cases in the ACGME case log system within 24 hours of the operative date
- Adhere to BRRH credentialing, compliance, and patient safety requirements in addition to FAU program policies
- Coordinate hand-offs using standardized sign-out protocols
- Engage with the robotic platform when applicable to service line (General Surgery, Surgical Oncology, Colorectal) per attending discretion and resident level
- Escalate patient safety concerns, adverse events, or near-misses through appropriate quality reporting systems and notify the Program Director

Attending Faculty by Service

Surgical Oncology	Colorectal Surgery	General Surgery	Vascular Surgery
Dr. Dodson	Dr. Belizon	Dr. Stricoff	Dr. Lee

Dr. Ben-David	Dr. A. Ross	Dr. Schiller	Dr. Motta
Dr. Huss	Dr. Moseson	Dr. Kimmelman	Dr. De Grandis
Dr. Slotcavage		Dr. Lehr	
		Dr. Sader	
		Dr. Hus, O'Neill, Simon	
		Dr. Yeguez	
		Dr. Blumofe	

3.2 General Surgery / Emergency General Surgery (EGS)

The goal of the General Surgery rotation is to provide residents with comprehensive exposure to both elective and emergency surgical diseases while developing operative judgment, technical proficiency, perioperative management skills, and independent decision-making.

Operative Objectives

Category	Basic Procedures	Intermediate Procedures	Advanced Procedures
General Surgery / EGS	• Appendectomy • Cholecystectomy • Inguinal hernia repair • Umbilical hernia repair • Soft tissue procedures	• Ventral hernia repair • Small bowel resection • Adhesiolysis • Colectomy • Splenectomy	• Complex abdominal wall reconstruction • Reoperative abdominal surgery • Advanced minimally invasive procedures • Complex foregut surgery

PGY-1

Foundation & Supervised Care

Clinical Knowledge

- Understand common surgical diseases (appendicitis, cholecystitis, hernia, bowel obstruction, peptic ulcer disease, diverticulitis)
- Identify indications, contraindications, and timing for emergency vs. elective operative intervention
- Understand pathophysiology of surgical infections, wound healing, and fluid/electrolyte balance
- Recognize signs and symptoms of acute abdomen and initiate appropriate initial workup

Technical Skills

- Perform basic wound care, closure techniques, and management of surgical drains
- Demonstrate proficiency in sterile technique, gowning, gloving, and basic OR etiquette
- Perform central venous access, arterial line placement, and urinary catheterization under supervision

- Assist competently in laparoscopic and open abdominal cases as first assistant
- Perform appendectomy and inguinal hernia repair under direct supervision

Patient Care, Communication & Professionalism

- Write complete H&Ps, operative notes, and discharge summaries
- Present patients concisely and accurately on rounds using a structured format
- Obtain informed consent under supervision
- Recognize and escalate deteriorating patients using chain of command
- Complete ACGME case logs and operative documentation within 24 hours

PGY-2

Supervised Autonomy

Clinical Knowledge

- Manage common postoperative complications including ileus, wound infection, anastomotic leak, and DVT/PE
- Understand EGS triage principles and surgical concepts
- Demonstrate knowledge of nutritional assessment and enteral/parenteral support
- Interpret CT, ultrasound, and plain radiographic findings relevant to surgical emergencies

Technical Skills

- Perform appendectomy, cholecystectomy, and inguinal/ventral hernia repair with moderate supervision
- Demonstrate safe use of laparoscopic instruments, energy devices, and staplers
- Perform bedside procedures (I&D, chest tube, FAST exam) with increasing independence
- Assist in colorectal, upper GI, and complex hernia cases

Patient Care, Communication & Professionalism

- Lead morning rounds and present complex patients to attendings with differential and plan
- Supervise PGY-1 residents in basic clinical and procedural tasks
- Triage and prioritize multiple simultaneous EGS patients in the BRRH acute care environment
- Coordinate ICU resources required for patients needing critical care at BRRH

PGY-3

Progressive Independence

Clinical Knowledge

- Demonstrate mastery of EGS diagnostic algorithms and operative decision-making
- Understand advanced topics in hernia repair (complex abdominal wall reconstruction, component separation)
- Apply evidence-based protocols for common surgical conditions (ERAS, SSI prevention)
- Manage ICU-level surgical patients including open abdomens and multi-organ dysfunction

Technical Skills

- Perform laparoscopic cholecystectomy, appendectomy, and inguinal hernia repair
- Perform exploratory laparotomy, small bowel resection, and ostomy creation with supervision
- Demonstrate competency in damage control surgery and temporary abdominal closure
- Assist in advanced laparoscopic cases (Nissen, Heller, Gastrectomy) as primary resident

Patient Care, Communication & Professionalism

- Teach interns, PGY-2 residents, and medical students at BRRH
- Lead didactic teaching sessions and case-based discussions for junior residents
- Participate in quality improvement projects within the BRRH surgical service

PGY-4

Near-Independent Practice

Clinical Knowledge

- Demonstrate comprehensive knowledge base adequate for ABS qualifying examination preparation
- Lead multidisciplinary tumor boards, complex case discussions, and departmental QI initiatives
- Understand medicolegal, ethical, and systemic factors affecting surgical decision-making

Technical Skills

- Perform complex hernia repairs (open, laparoscopic, robotic)
- Lead EGS operative cases as primary surgeon
- Perform colon resection, gastric procedures, and advanced laparoscopic cases
- Demonstrate ability to manage intraoperative complications (bleeding, enterotomy, conversion)

Patient Care, Communication & Professionalism

- Present at teaching conferences or regional/national meetings
- Contribute to or lead a departmental research or QI project
- Mentor junior residents in clinical, technical, and professional domains

PGY-5

Chief Resident — Surgical Practice Ready

Clinical Knowledge

- Function as primary surgeon for the full scope of general surgery and EGS cases
- Independently manage complex surgical emergencies including hemorrhage control and damage control laparotomy
- Demonstrate readiness for unsupervised practice by ABS certifying examination standards

Technical Skills

- Lead BRRH surgical service clinical operations including night float and 24-hour weekend call coverage, daily OR coordination
- Perform the full breadth of general surgery operations independently

Patient Care, Communication & Professionalism

- Serve as primary point of contact for all communication between BRRH general surgery attendings
- Serve as role model and primary mentor for PGY-1 through PGY-4 residents at BRRH
- Complete at least one peer-reviewed publication, podium presentation, or funded QI project if no value-added year completed

3.3 Surgical Oncology

The Surgical Oncology rotation provides comprehensive exposure to multidisciplinary cancer care while developing operative and clinical expertise. Breast surgery is managed on a separate dedicated rotation.

Category	Basic Procedures	Intermediate Procedures	Advanced Procedures
Surgical Oncology	• Skin/soft tissue biopsy • Wide local excision • Superficial lymph node biopsy • Superficial endocrine procedures	• Thyroidectomy • Parathyroidectomy • Sentinel lymph node mapping • Colon cancer resection • Gastric cancer procedures	• Pancreatectomy (Whipple, distal) • Hepatectomy • Ivor Lewis esophagectomy (robotic) • Total gastrectomy with D2 lymphadenectomy • Retroperitoneal tumor resection

PGY-1

Oncologic Foundations

- Understand cancer biology: carcinogenesis, TNM staging, and principles of surgical cure vs. palliation
- Identify common solid tumors (colorectal, gastric, pancreatic, thyroid, melanoma, soft tissue sarcoma)
- Recognize the role of multimodal therapy (neoadjuvant/adjuvant chemotherapy, radiation)
- Demonstrate understanding of hereditary cancer syndromes (Lynch, BRCA, FAP)
- Complete robotic surgery credentialing module; observe robotic esophagectomy, gastrectomy, and pancreatectomy cases
- Attend multidisciplinary tumor board conferences; present newly diagnosed oncology patients

PGY-2

Core Oncologic Surgery

- Understand principles of lymphadenectomy, surgical margins, and R0 vs. R1 resections
- Apply principles of endocrine surgery including preoperative workup and intraoperative nerve monitoring
- Assist in thyroidectomy and parathyroidectomy; demonstrate RLN identification and parathyroid preservation
- Perform wide local excision and sentinel lymph node mapping for melanoma under supervision
- Function competently as robotic bedside assistant; introduce console skills on simulation platform

PGY-3**Advanced Oncologic Procedures**

- Demonstrate mastery of hepatobiliary oncology principles (hepatectomy, bile duct resection, staging)
- Understand pancreatic adenocarcinoma workup, borderline resectability, and operative approaches
- Perform thyroidectomy and parathyroidectomy with increasing independence
- Assist in pancreatectomy, hepatectomy, and gastrectomy as primary resident
- Perform robotic-assisted distal pancreatectomy under direct supervision; perform key steps of robotic gastrectomy

PGY-4**Complex Oncologic Surgery**

- Perform thyroidectomy and soft tissue sarcoma resection
- Lead hepatobiliary and pancreatic cases as primary resident with attending oversight
- Perform robotic distal pancreatectomy
- Lead robotic total gastrectomy with D2 lymphadenectomy as primary console surgeon
- Participate multidisciplinary oncology tumor board presentations

PGY-5**Chief Resident — Oncologic Surgery Leadership**

- Be able to perform/articulate the full spectrum of surgical oncology cases: thyroidectomy, colectomy, gastrectomy, pancreatectomy, hepatectomy, retroperitoneal sarcoma resection
- Perform robotic-assisted pancreatectomy and complete robotic Ivor Lewis esophagectomy at BRRH
- Serve as robotic platform educator for junior residents and medical students at BRRH
- Critically evaluate outcomes data for robotic vs. open vs. laparoscopic approaches; apply evidence to operative decision-making
- Actively participate in tumor board and oncologic case conferences; complete and disseminate scholarly work in surgical oncology

3.4 Colorectal Surgery

The Colorectal Surgery rotation provides comprehensive training in benign and malignant colorectal disease, with a dedicated focus on endoscopic competency and robotic colorectal surgery.

Category	Basic Procedures	Intermediate Procedures	Advanced Procedures
Colorectal Surgery	• Hemorrhoidectomy • Lateral internal sphincterotomy • Perianal abscess drainage	• Laparoscopic right colectomy • Sigmoid colectomy • Circular stapler anastomosis	• Low anterior resection with TME • Abdominoperineal resection (APR)

	- Anoscopy and rigid proctoscopy - Diagnostic colonoscopy	- Polypectomy (cold/hot snare) - Colostomy/ileostomy creation	- Total abdominal colectomy / IPAA (J-pouch) - Robotic colorectal resection - Endoscopic mucosal resection (EMR)
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PGY-1**Colorectal Fundamentals**

- Understand colorectal anatomy including blood supply, lymphatic drainage, and fascial planes
- Identify common colorectal diseases: diverticulitis, CRC, IBD, anorectal disorders, and volvulus
- Assist in open and laparoscopic colectomy; perform anorectal exam, anoscopy, and rigid proctoscopy under supervision
- Understand bowel preparation, antibiotic prophylaxis, and ERAS protocols

PGY-2**Core Colorectal Operations**

- Apply Hinchey classification and evidence-based guidelines for diverticulitis management
- Participate in laparoscopic right colectomy; assist in LAR, sigmoid colectomy, and total abdominal colectomy
- Perform hemorrhoidectomy, lateral internal sphincterotomy, and perianal abscess drainage under supervision
- Perform colonoscopy to the cecum under direct supervision; identify polyps, masses, and inflammatory changes; obtain targeted biopsies

PGY-3**Advanced Colorectal Techniques**

- Demonstrate mastery of rectal cancer workup (MRI pelvis, endorectal US) and treatment planning
- Understand total mesorectal excision (TME) principles and circumferential resection margin
- Perform laparoscopic right and sigmoid colectomy with decreasing supervision; assist in LAR with TME and APR
- Perform diagnostic colonoscopy to the cecum meeting ACGME/ASGE/FES benchmarks; perform cold and hot snare polypectomy;

PGY-4**Near-Independent Colorectal Practice**

- Perform laparoscopic colectomy (right, sigmoid, left) with attending presence
- Lead rectal cancer cases as primary resident (LAR, APR)
- Perform robotic-assisted colorectal cases as primary resident using BRRH robotic platform

- Manage intraoperative complications: ureteral injury, pelvic bleeding, inadvertent enterotomy
- Actively participate in colorectal cancer multidisciplinary tumor board presentations

PGY-5**Chief Resident — Colorectal Surgery**

- Perform the full spectrum of colorectal procedures: right, left, sigmoid, and total colectomy; LAR with TME; APR; IPAA; Hartmann's reversal
- Manage complex reoperative colorectal cases including radiation-injured bowel, pelvic sepsis, and anastomotic complications
- Near-independent use of the robotic platform at BRRH for colectomy and rectal resection
- Serve as clinical leader for colorectal service; mentor junior residents; present scholarly work at departmental or national level

3.5 Vascular Surgery

Category	Basic Procedures	Intermediate Procedures	Advanced Procedures
Vascular Surgery	• Femoral artery cutdown/closure • Vein harvest • Arteriotomy/patch closure • Dialysis access creation (AVF, AVG) • Vascular access procedures	• Carotid endarterectomy • Femoral-popliteal bypass • EVAR assistance • Basic endovascular access • Embolectomy	• Open aortic surgery (AAA repair, aortobifemoral bypass) • FEVAR/TEVAR • Complex endovascular planning • Ruptured AAA • Vascular trauma repair

PGY-1**Vascular Foundations**

- Understand vascular anatomy (aorta, iliac, femoral, popliteal, tibial, carotid, visceral, upper extremity vessels)
- Identify common vascular diseases: PAD, AAA, carotid stenosis, acute limb ischemia, DVT/PE, and venous insufficiency
- Interpret ABI/TBI, duplex ultrasound, and basic CTA/MRA vascular imaging findings
- Recognize and initiate urgent evaluation for acute limb ischemia, ruptured AAA, and acute aortic syndromes

PGY-2**Core Vascular Procedures**

- Apply surveillance guidelines and operative indications for AAA, carotid disease, and PAD
- Assist in carotid endarterectomy, femoral-popliteal bypass, and dialysis access creation
- Perform femoral artery cutdown and closure, vein harvest, and basic arteriotomy/patch closure under supervision
- Assist in EVAR/FEVAR cases; understand endovascular imaging (fluoroscopy, angiography)

PGY-3**Advanced Vascular Techniques**

- Demonstrate mastery of aortoiliac occlusive disease, aortic aneurysm management, and visceral artery pathology
- Be able to assist and perform parts of carotid endarterectomy and femoral-popliteal bypass
- Demonstrate proficiency in basic endovascular access, wiring, and diagnostic angiography
- Manage vascular graft complications: thrombosis, infection, pseudoaneurysm, and anastomotic failure

PGY-4**Near-Independent Vascular Practice**

- Be able to assist and perform carotid endarterectomy and infrainguinal bypass with attending
- Lead EVAR and standard endovascular cases as primary resident
- Perform upper extremity dialysis access creation (AVF, AVG) with minimal supervision
- Demonstrate competency in management of vascular trauma including zone control and damage control vascular surgery

PGY-5**Chief Resident — Vascular Surgery**

- Perform the full breadth of vascular surgery cases: CEA, EVAR, open AAA repair, aortobifemoral bypass, lower extremity revascularization, dialysis access, and amputations
- Manage acute vascular emergencies: ruptured AAA, acute limb ischemia, type A dissection, vascular trauma
- Lead multidisciplinary vascular conference and wound care rounds at BRRH
- Mentor junior residents in vascular anatomy, procedural technique, and perioperative management

3.6 Breast Surgery (PGY-1 Designated Rotation)

The Breast Surgery rotation provides PGY-1 residents with comprehensive experience in the diagnosis and surgical treatment of benign and malignant breast disease in a patient-centered, gender-sensitive clinical environment.

PGY-1**Breast Surgery — Foundational Rotation**

Clinical Knowledge

- Understand breast anatomy including glandular tissue, lymphatic drainage basins (axillary levels I–III, internal mammary), and neurovascular supply
- Demonstrate knowledge of breast cancer pathology: invasive ductal carcinoma, invasive lobular carcinoma, DCIS, inflammatory breast cancer, and phyllodes tumor
- Apply TNM staging and understand implications for surgical planning and multimodal therapy sequencing
- Recognize indications for breast-conserving surgery (lumpectomy) vs. mastectomy (simple, skin-sparing, nipple-sparing)
- Understand the role of sentinel lymph node biopsy (SLNB) vs. axillary lymph node dissection (ALND)
- Demonstrate knowledge of hereditary breast cancer syndromes (BRCA1/2, PALB2, ATM) and risk-reduction surgery options
- Understand neoadjuvant chemotherapy concepts: indications, tumor response assessment, and clip placement for localization
- Identify benign breast conditions: fibroadenoma, breast abscess, duct ectasia, nipple discharge, and cystic disease

Technical Skills

- Assist in lumpectomy with wire- or seed-localized excision; demonstrate understanding of margin orientation and specimen handling
- Assist in simple mastectomy, skin-sparing mastectomy, and nipple-sparing mastectomy; identify key dissection planes
- Assist in sentinel lymph node biopsy using blue dye and/or radioisotope technique; demonstrate understanding of gamma probe use
- Perform ultrasound-guided core needle biopsy and fine-needle aspiration under attending supervision
- Assist in drainage of breast abscess (incision and drainage or ultrasound-guided aspiration)
- Participate in oncoplastic closure following lumpectomy including local tissue rearrangement principles

Multidisciplinary & Patient Care

- Attend BRRH breast multidisciplinary tumor board; present newly diagnosed patients with complete staging workup and proposed treatment plan
- Understand roles of medical oncology, radiation oncology, plastic surgery, and genetic counseling in multidisciplinary breast cancer care
- Participate in the communication with patients and families regarding breast cancer diagnosis, surgical options, and expected recovery with sensitivity and empathy
- Manage common postoperative complications: seroma, wound infection, hematoma, and lymphedema risk counseling
- Demonstrate reading of foundational breast surgery literature (NSABP B-06, ACOSOG Z0011, AMAROS trial)

3.7 Surgical Intensive Care Unit — SICU (PGY-2 Designated Rotation)

The SICU rotation at BRRH develops fundamental expertise in the management of critically ill surgical patients, establishing a foundation in critical care physiology, procedural skills, and team-based ICU leadership.

PGY-2**SICU — Surgical Critical Care Fundamentals****Critical Care Physiology & Medical Knowledge**

- Demonstrate understanding of shock physiology (hypovolemic, distributive/septic, cardiogenic, obstructive) and apply resuscitation principles appropriate to each etiology
- Apply SCCM/ACCP criteria for sepsis and septic shock; initiate Surviving Sepsis Campaign bundle elements including early antibiotics, fluid resuscitation, and vasopressor selection
- Understand mechanical ventilation modes (volume control, pressure control, SIMV, pressure support) and demonstrate ability to set and adjust ventilator parameters
- Demonstrate knowledge of lung-protective ventilation strategy and indications for prone positioning in ARDS
- Apply acid-base interpretation to guide clinical decision-making in the postoperative surgical patient
- Understand fluid and electrolyte management in the critically ill surgical patient
- Demonstrate knowledge of AKI staging, causes in surgical patients, and indications for renal replacement therapy
- Understand coagulopathy management including massive transfusion protocols, TEG/ROTEM interpretation, and DIC management

Postoperative & Surgical ICU Management

- Manage postoperative complications: anastomotic leak, intra-abdominal sepsis, fascial dehiscence, and fistula formation
- Demonstrate understanding of open abdomen management: negative pressure wound therapy, staged closure, and nutritional considerations
- Apply principles of damage control resuscitation and recognize when to return a patient to the OR
- Demonstrate knowledge of nutritional support in the critically ill: enteral vs. parenteral nutrition, caloric targets, and monitoring for refeeding syndrome
- Understand ICU delirium recognition (CAM-ICU), prevention strategies (ABCDE bundle), and management
- Recognize and manage common SICU infections: VAP, CLABSI, CAUTI, C. difficile colitis, and surgical site infections

Technical & Procedural Skills

- Place central venous catheters (subclavian, internal jugular, femoral) using ultrasound guidance under attending supervision
- Perform arterial line placement (radial, femoral) for continuous hemodynamic monitoring
- Perform endotracheal intubation using direct and video laryngoscopy under attending supervision
- Perform bronchoscopy for pulmonary toilet and diagnostic evaluation under supervision; assist in percutaneous tracheostomy
- Perform thoracentesis and paracentesis under ultrasound guidance
- Demonstrate competency in point-of-care ultrasound (POCUS): FAST exam, lung sliding, IVC collapsibility, and cardiac window interpretation

Team-Based Care & Communication

- Lead daily SICU rounds using a structured systems-based approach (neuro, cardiovascular, pulmonary, renal, GI/nutrition, hematology, infectious disease, lines/tubes/drains, goals of care)
- Communicate effectively with SICU nursing staff, respiratory therapy, pharmacy, physical therapy, and social work
- Conduct family meetings to update on prognosis, goals of care, and transition to comfort-focused care when appropriate
- Initiate and document appropriate goals-of-care conversations; understand advance directive interpretation and surrogate decision-making
- Perform structured hand-offs using IPASS or equivalent standardized tool

SECTION IV: BOCA RATON REGIONAL HOSPITAL — SURGICAL NIGHT FLOAT SERVICE

4.1 Summary & Mission

The Surgical Night Float Service at Boca Raton Regional Hospital constitutes a foundational component of the General Surgery residency training program at FAU College of Medicine. Designed in full alignment with ACGME Core Competency standards, this rotation places residents at the forefront of acute surgical care during overnight hours — an environment defined by clinical urgency, diagnostic complexity, and the imperative for sound independent decision-making under attending supervision.

The mission of the BRRH Surgical Night Float Service is to provide safe, timely, and clinically excellent overnight care for all acute surgical patients while fostering structured learning, progressive resident autonomy, and professional development consistent with ACGME standards and the academic mission of FAU College of Medicine.

4.2 Team Composition & Structure

Senior Resident (PGY 3–4)	Overnight team leader: responsible for clinical decision-making, operative triage, junior resident supervision, and timely attending escalation. Senior operative surgeon at night.
Junior Resident (PGY 1–2)	First-line responder: performs initial evaluations, formulates differential diagnoses, and executes management plans under senior resident oversight.
Service Coverage	General Surgery, Surgical Oncology, Colorectal Surgery, and Vascular Surgery
Attending Availability	Overnight attending surgeons available for escalation; senior resident maintains open and timely communication

4.3 Senior Resident Learning Objectives (PGY 3–4)

I. Patient Care & Clinical Decision-Making

- Independently evaluate and manage acute surgical consultations across General Surgery, Surgical Oncology, Vascular Surgery, and Colorectal Surgery without requiring concurrent attending presence, while maintaining appropriate escalation channels
- Prioritize multiple simultaneous consultations and inpatient matters with precision, allocating clinical attention based on acuity, hemodynamic stability, and operative urgency
- Develop and execute comprehensive diagnostic and management plans for surgical emergencies: acute abdomen, GI hemorrhage, bowel obstruction, perforated viscus, necrotizing soft tissue infections, and acute mesenteric or limb ischemia
- Demonstrate sound operative judgment in determining timing and approach for surgical vs. non-operative management
- Effectively identify, triage, and manage postoperative complications including: anastomotic leak and intra-abdominal sepsis; postoperative hemorrhage and coagulopathy; small and large bowel

obstruction; vascular graft complications and acute limb ischemia; wound dehiscence, hematoma, and soft tissue infection

- Coordinate appropriate patient disposition including ICU admission, return to OR, floor-level care, or interhospital transfer

II. Medical Knowledge

- Apply evidence-based principles and current clinical guidelines to evaluation and management of overnight surgical emergencies
- Independently interpret advanced imaging modalities including CT with IV contrast, CT angiography, MRI, and interventional radiology findings
- Demonstrate comprehensive understanding of indications, contraindications, and risk-benefit profiles for emergency surgical intervention
- Articulate operative planning considerations including patient optimization, anesthetic concerns, and anticipated intraoperative decision points when escalating to attending surgeons

III. Systems-Based Practice

- Efficiently navigate hospital systems, EHR, and ancillary workflows to expedite patient care during overnight hours
- Coordinate effectively with ICU physicians, Emergency Department attendings, Interventional Radiology, Gastroenterology, and subspecialty surgical faculty at BRRH
- Ensure complete, accurate, and timely documentation of all consultations, patient encounters, and clinical decisions
- Facilitate overnight operative scheduling and logistics in coordination with anesthesia, OR nursing, and attending surgical staff

IV–VI. Practice-Based Learning, Communication & Professionalism

- Conduct structured review of overnight cases at shift completion to identify diagnostic errors, management gaps, and QI opportunities
- Lead all overnight patient care discussions with clarity, clinical precision, and professional confidence
- Deliver concise, structured, and actionable sign-out communications at shift transition, ensuring uninterrupted continuity of care
- Communicate treatment plans, operative recommendations, and prognosis to patients and families in a compassionate, culturally sensitive manner
- Supervise, direct, and provide bedside teaching to junior residents and medical students throughout the shift
- Demonstrate full accountability for all overnight consultations and patient management decisions; model professionalism under conditions of high acuity, diagnostic uncertainty, and operational stress

4.4 Junior Resident Learning Objectives (PGY 1–2)

I. Patient Care & Clinical Competency

- Perform comprehensive, organized, and clinically relevant histories and physical examinations on all assigned overnight surgical consultations

- Develop structured differential diagnoses for common and atypical surgical presentations encountered during overnight hours
- Initiate appropriate diagnostic evaluations with timely and accurate communication of all findings to the senior resident
- Recognize clinical signs of patient deterioration — including hemodynamic instability, respiratory compromise, altered mental status, and sepsis physiology — and respond with prompt, organized escalation
- Participate in active management of: acute abdominal pain and emergent surgical presentations; small and large bowel obstruction; upper and lower GI bleeding; soft tissue and wound infections; postoperative complications across subspecialties; colorectal and vascular surgical emergencies
- Develop proficiency in core bedside procedures: nasogastric tube placement, Foley catheter insertion, wound and drain management, and basic peripheral vascular assessments

II–VI. Medical Knowledge, Systems, Communication & Professionalism

- Accurately interpret basic laboratory panels, radiographic imaging, and bedside diagnostic studies with clinically relevant interpretation and appropriate escalation
- Understand indications for operative vs. non-operative management across common surgical presentations
- Navigate overnight hospital workflows, escalation pathways, and ancillary service systems with increasing independence
- Present consultations to the senior resident in a concise, organized, and clinically accurate manner using standardized communication frameworks
- Demonstrate reliability, clinical ownership, and personal accountability for all assigned patients throughout the overnight shift
- Complete all required documentation — consultation notes, progress notes, and procedure notes — accurately and within expected timeframes

4.5 Progressive Responsibility by Training Level

PGY-1	Evaluate patients under direct senior resident oversight; present all consultations prior to implementation of any management plans; develop core proficiency in documentation and bedside procedural skills
PGY-2	Independently initiate diagnostic workups and formulate preliminary management plans prior to senior resident review; demonstrate increasing autonomy in consultation evaluations; begin developing operative and perioperative decision-making skills

4.6 ACGME Competency Alignment Matrix — BRRH Night Float

ACGME Competency	Senior (PGY 3–4)	Junior (PGY 1–2)
Patient Care	Independent triage, emergency management, operative judgment, senior operative experience	Consultation evaluation, procedural skills, deterioration recognition

Medical Knowledge	Advanced imaging interpretation, evidence-based management	Basic imaging and labs, emergency management principles
Interpersonal Communication	Team leadership, sign-out, attending communication	Organized consult presentation, patient and family communication
Systems-Based Practice	Multidisciplinary coordination, disposition planning	Overnight workflow navigation, escalation pathways
Practice-Based Learning	Case review, literature-based decision-making	Feedback incorporation, directed self-study
Professionalism	Accountability, leadership under stress, role modeling	Reliability, documentation, professional conduct

SECTION V: BETHESDA HOSPITAL EAST (BHE) — SITE CURRICULUM

5.1 Site Overview

Bethesda Hospital East serves as a critical community-based training sites within the FAU General Surgery Residency network, providing residents with meaningful exposure to high-volume community surgical practice across southern Palm Beach County. BHE encompasses acute general surgical emergencies, postoperative management, and subspecialty consultations across General Surgery, Vascular Surgery, and Thoracic Surgery exposure.

Hospital	Bethesda Hospital East, Boynton Beach, FL
Active Service Lines	General Surgery, Vascular Surgery, Thoracic Surgery (exposure)
Emphasis	Community-based surgical practice; independent clinical reasoning; adaptability; collaborative relationships with community-based attendings
Robotic Platform	Available for General Surgery cases

5.2 General Surgery at BHE

Residents develop expertise in the evaluation and management of common and complex surgical diseases while refining operative judgment, perioperative management skills, and progressive operative autonomy.

Operative Objectives — BHE General Surgery

Category	Basic Procedures	Intermediate Procedures	Advanced Procedures
General Surgery — BHE	- Laparoscopic cholecystectomy - Appendectomy - Open and laparoscopic hernia repair - Soft tissue procedures	- Bowel resection - Adhesiolysis - Complex ventral hernia repair - Foregut procedures	- Robotic gastrointestinal surgery - Reoperative abdominal surgery - Advanced MIS procedures

PGY-1
Foundation & Supervised Care

Clinical Knowledge

- Understand common surgical diseases (appendicitis, cholecystitis, hernia, bowel obstruction, peptic ulcer disease, diverticulitis)
- Identify indications, contraindications, and timing for emergency vs. elective operative intervention

- Understand pathophysiology of surgical infections, wound healing, and fluid/electrolyte balance
- Recognize signs and symptoms of acute abdomen and initiate appropriate initial workup

Technical Skills

- Perform basic wound care, closure techniques, and management of surgical drains
- Demonstrate proficiency in sterile technique, gowning, gloving, and basic OR etiquette
- Perform central venous access, arterial line placement, and urinary catheterization under supervision
- Assist competently in laparoscopic and open abdominal cases as first assistant
- Perform appendectomy and inguinal hernia repair under direct supervision

Patient Care, Communication & Professionalism

- Write complete H&Ps, operative notes, and discharge summaries
- Present patients concisely and accurately on rounds using a structured format
- Obtain informed consent under supervision
- Recognize and escalate deteriorating patients using chain of command
- Complete ACGME case logs and operative documentation within 24 hours

PGY-2

Supervised Autonomy

Clinical Knowledge

- Manage common postoperative complications including ileus, wound infection, anastomotic leak, and DVT/PE
- Understand EGS triage principles and surgical concepts
- Demonstrate knowledge of nutritional assessment and enteral/parenteral support
- Interpret CT, ultrasound, and plain radiographic findings relevant to surgical emergencies

Technical Skills

- Perform appendectomy, cholecystectomy, and inguinal/ventral hernia repair with moderate supervision
- Demonstrate safe use of laparoscopic instruments, energy devices, and staplers
- Perform bedside procedures (I&D, chest tube, FAST exam) with increasing independence
- Assist in colorectal, upper GI, and complex hernia cases

Patient Care, Communication & Professionalism

- Lead morning rounds and present complex patients to attendings with differential and plan
- Supervise PGY-1 residents in basic clinical and procedural tasks
- Triage and prioritize multiple simultaneous EGS patients
- Coordinate ICU resources required for patients needing critical care

PGY-3

Progressive Independence

Clinical Knowledge

- Demonstrate mastery of EGS diagnostic algorithms and operative decision-making
- Understand advanced topics in hernia repair (complex abdominal wall reconstruction, component separation)
- Apply evidence-based protocols for common surgical conditions (ERAS, SSI prevention)
- Manage ICU-level surgical patients including open abdomens and multi-organ dysfunction

Technical Skills

- Perform laparoscopic cholecystectomy, appendectomy, and inguinal hernia repair
- Perform exploratory laparotomy, small bowel resection, and ostomy creation with supervision
- Demonstrate competency in damage control surgery and temporary abdominal closure
- Assist in advanced laparoscopic cases (Nissen, Heller, Gastrectomy) as primary resident

Patient Care, Communication & Professionalism

- Teach interns, PGY-2 residents, and medical students
- Lead didactic teaching sessions and case-based discussions
- Participate in quality improvement projects

PGY-4

Near-Independent Practice

Clinical Knowledge

- Demonstrate comprehensive knowledge base adequate for ABS qualifying examination preparation
- Lead complex case discussions, and departmental QI initiatives
- Understand medicolegal, ethical, and systemic factors affecting surgical decision-making

Technical Skills

- Perform complex hernia repairs (open, laparoscopic, robotic)
- Lead EGS operative cases as primary surgeon
- Perform colon resection, gastric procedures, and advanced laparoscopic cases
- Demonstrate ability to manage intraoperative complications (bleeding, enterotomy, conversion)

Patient Care, Communication & Professionalism

- Present at teaching conferences or regional/national meetings
- Contribute to or lead a departmental research or QI project
- Mentor junior residents in clinical, technical, and professional domains

PGY-5

Chief Resident — Surgical Practice Ready

Clinical Knowledge

- Function as primary surgeon for the full scope of general surgery and EGS cases
- Independently manage complex surgical emergencies including hemorrhage control and damage control laparotomy

- Demonstrate readiness for unsupervised practice by ABS certifying examination standards

Technical Skills

- Lead BRRH surgical service clinical operations including night float and 24-hour weekend call coverage, daily OR coordination
- Perform the full breadth of general surgery operations independently

Patient Care, Communication & Professionalism

- Serve as primary point of contact for all communication between BRRH general surgery attendings
- Serve as role model and primary mentor for PGY-1 through PGY-4 residents
- Complete at least one peer-reviewed publication, podium presentation, or funded QI project if no value-added year completed
- Clinical management of GERD, paraesophageal hernia, achalasia, esophageal dysmotility, gastric outlet obstruction, and hiatal hernia
- Operative experience: Nissen fundoplication, paraesophageal hernia repair, Heller myotomy, robotic foregut surgery, and revisional foregut procedures

5.3 Thoracic Surgery Exposure at BHE

- Evaluate lung nodules, pleural disease, mediastinal pathology, and esophageal disorders
- Operative exposure: thoracoscopy, pulmonary wedge resection, pleural drainage procedures, chest wall procedures, and esophageal surgery exposure

5.4 Vascular Surgery at BHE

- Evaluate peripheral arterial disease, carotid stenosis, dialysis access patients, and venous insufficiency
- Operative experience: carotid endarterectomy, arteriovenous fistula creation, endovascular interventions, lower extremity revascularization, and amputations
- Interpret duplex studies, CTA, and MRA imaging; understand vascular laboratory testing

PGY-1

Vascular Foundations

- Understand vascular anatomy (aorta, iliac, femoral, popliteal, tibial, carotid, visceral, upper extremity vessels)
- Identify common vascular diseases: PAD, AAA, carotid stenosis, acute limb ischemia, DVT/PE, and venous insufficiency
- Interpret ABI/TBI, duplex ultrasound, and basic CTA/MRA vascular imaging findings
- Recognize and initiate urgent evaluation for acute limb ischemia, ruptured AAA, and acute aortic syndromes

PGY-2**Core Vascular Procedures**

- Apply surveillance guidelines and operative indications for AAA, carotid disease, and PAD
- Assist in carotid endarterectomy, femoral-popliteal bypass, and dialysis access creation
- Perform femoral artery cutdown and closure, vein harvest, and basic arteriotomy/patch closure under supervision
- Assist in EVAR/FEVAR cases; understand endovascular imaging (fluoroscopy, angiography)

PGY-3**Advanced Vascular Techniques**

- Demonstrate mastery of aortoiliac occlusive disease, aortic aneurysm management, and visceral artery pathology
- Be able to assist and perform parts of carotid endarterectomy and femoral-popliteal bypass
- Demonstrate proficiency in basic endovascular access, wiring, and diagnostic angiography
- Manage vascular graft complications: thrombosis, infection, pseudoaneurysm, and anastomotic failure

PGY-4**Near-Independent Vascular Practice**

- Be able to assist and perform carotid endarterectomy and infrainguinal bypass with attending
- Lead EVAR and standard endovascular cases as primary resident
- Perform upper extremity dialysis access creation (AVF, AVG)
- Demonstrate competency in management of vascular trauma including zone control and damage control vascular surgery

PGY-5**Chief Resident — Vascular Surgery**

- Perform the full breadth of vascular surgery cases: CEA, EVAR, open AAA repair, aortobifemoral bypass, lower extremity revascularization, dialysis access, and amputations
- Manage acute vascular emergencies: ruptured AAA, acute limb ischemia, type A dissection, vascular trauma
- Lead multidisciplinary vascular conference and wound care rounds at BRRH
- Mentor junior residents in vascular anatomy, procedural technique, and perioperative management

5.5 BHE Surgical Night Float Service

The Surgical Night Float Service at Bethesda Hospital East provides residents with overnight coverage of General Surgery and Vascular Surgery service lines. The mission and structure parallel the BRRH Night Float model, with additional emphasis on community-based surgical decision-making and independent clinical reasoning.

Senior Resident (PGY 3–4)	Overnight team leader: independent clinical decision-making, operative triage, junior resident supervision, attending escalation. Senior operating resident in house.
Junior Resident (PGY 1–2)	First-line responder: initial evaluations, differential diagnoses, and management plans under senior oversight.
Service Coverage	General Surgery and Vascular Surgery

Senior and junior resident learning objectives at BHE mirror the BRRH Night Float framework (see Section IV), with the following site-specific distinctions:

- Independent evaluation and management of consultations across General Surgery and Vascular Surgery; surgical emergencies including acute abdomen, GI hemorrhage, bowel obstruction, perforated viscus, necrotizing soft tissue infections, and acute mesenteric or limb ischemia
- Special emphasis on resident adaptability and the development of strong collaborative relationships with community-based surgical and non-surgical attendings
- Coordination with multidisciplinary teams including ICU physicians, ED attendings, Interventional Radiology, and subspecialty surgical faculty at Bethesda East

5.6 ACGME Competency Alignment Matrix — BHE Night Float

ACGME Competency	Senior (PGY 3–4)	Junior (PGY 1–2)
Patient Care	Independent triage, emergency management, operative judgment, senior operative in-house coverage	Consultation evaluation, procedural skills, deterioration recognition
Medical Knowledge	Advanced imaging interpretation, evidence-based management	Basic imaging and labs, emergency management principles
Interpersonal Communication	Team leadership, sign-out, attending communication	Organized consult presentation (SBAR), patient and family communication
Systems-Based Practice	Multidisciplinary coordination, disposition planning at BHE	Overnight workflow navigation, escalation pathways
Practice-Based Learning	Case review, literature-based decision-making	Feedback incorporation, directed self-study
Professionalism	Accountability, leadership under stress, role modeling	Reliability, documentation, professional conduct

SECTION VI: ST. MARY'S MEDICAL CENTER — TRAUMA SURGERY

6.1 Site Overview

St. Mary's Medical Center serves as the regional State of Florida Certified Level I Trauma Center and provides comprehensive training in trauma surgery, acute care surgery, pediatric surgery, and surgical critical care. Residents progressively assume leadership roles in trauma resuscitation, operative trauma management, and critical care decision-making.

Hospital	St. Mary's Medical Center, West Palm Beach, FL
Designation	State of Florida Certified Level I Trauma Center
Rotation Duration	4 weeks
Service Lines	Trauma Surgery, Acute Care Surgery (Emergency General Surgery), Pediatric Surgery, Surgical Critical Care (SICU)
Required Courses	ATLS (PGY I & IV), ATOM (PGY III), ASSET (PGY IV), FAST (PGY III), Team-based Simulation (PGY I–V)

6.2 Educational Conference Requirements

Residents are required to attend the following educational activities and must be free of clinical duties during these sessions:

Activity	Schedule
Surgery Core/Specialty Curriculum & Resident Lectures	3 hours/week
Surgery/Trauma M&M Conference	1 hour/week (every Wednesday, 9:00 AM)
Trauma Clinic / Faculty Office Hours	1 four- to six-hour block/week (Tuesday & Thursday, 9:00 AM – 4:00 PM)
Trauma Morning Sign-out Rounds	Every morning, 8:00 AM
Trauma Journal Club	1st Wednesday of the month, 8:00–9:00 AM
Trauma Grand Rounds	2nd Wednesday of the month, 8:00–9:00 AM
Trauma Operations Conference	3rd Wednesday of the month, 8:00–9:00 AM
Trauma/ACS M&M Conference	Every Wednesday, 9:00 AM
Trauma Student/Resident Lecture	Follows M&M conferences

6.3 Required Trauma Courses by PGY Level

PGY Level	Required Courses
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PGY-1	Advanced Trauma Life Support (ATLS™); Team-Based Simulation in Trauma
PGY-2	Team-Based Simulation in Trauma
PGY-3	Advanced Trauma Operative Management (ATOM™); Focused Abdominal Sonography in Trauma (FAST); Team-Based Simulation in Trauma
PGY-4	ATLS (re-certification); Advanced Surgical Skills for Exposure in Trauma (ASSET™); Team-Based Simulation in Trauma
PGY-5	Team-Based Simulation in Trauma

6.4 ACGME Competency-Based Goals & Objectives

Patient Care

During the rotation, residents learn and apply a logical, systematic, protocol-driven approach to the care of the injured patient:

- Demonstrate ability to perform accurate initial assessment and triage of the injured patient based on EMS information and primary/secondary surveys
- Demonstrate ability to multi-task and provide simultaneous care to multiple patients with varying levels of acuity
- Perform primary and secondary survey; recognize and react to signs and symptoms of injury; initiate, monitor, and sustain life/limb-saving therapeutic interventions
- Manage initial resuscitation (fluid, electrolytes, blood and blood products, drug therapy), including CPR
- Determine appropriate diagnostic workup including plain film radiography, FAST, CT, angiography ± embolization, MRI, DPL, specialist consultation, and exploratory procedures
- Understand the dynamic nature of trauma care and the importance of close patient follow-up and ongoing resuscitation over the first 24–72 hours
- Under one-on-one supervision of the Trauma attending, perform and/or assist in essential procedures: vascular access; endotracheal intubation and emergent tracheal access; tube thoracostomy and emergent thoracotomy; trauma laparotomy including damage control operations; exploration of neck and extremities for injury
- Manage postoperative surgical complications: infection, bleeding, organ failure, anastomotic leaks

Medical Knowledge — Trauma

Residents develop comprehensive medical knowledge across major trauma domains:

Airway & Breathing

- Demonstrate knowledge of airway injury mechanisms, compromise types, and management (endotracheal intubation, cricothyroidotomy, tracheostomy)
- Understand compromised breathing mechanisms (rib fractures, flail chest, tension pneumothorax, hemothorax, aspiration) and management
- Discuss management of single/multiple rib fractures, pulmonary laceration, pneumothorax, and diaphragmatic rupture

Circulation

- Demonstrate knowledge of cardiovascular compromise mechanisms, grades of shock, and management
- Understand advantages and limitations of different resuscitation solutions: crystalloid vs. colloid, isotonic vs. hypertonic
- Understand sequelae of massive transfusion on coagulation, immune system, and organ function; discuss resuscitation endpoints (lactate, base excess, O₂ delivery, urine output)

Neurologic & Spine Trauma

- Demonstrate comprehensive neuro-assessment ability; understand types of brain injury and associated therapy (concussion, epidural/subdural/subarachnoid hemorrhage, diffuse axonal injury, intracranial hypertension)
- Understand spine fracture types, spinal immobilization strategies, spinal cord injury presentations (complete/incomplete, anterior/lateral/posterior/central), and medical/operative management

Abdominal Trauma

- Apply the diagnostic/management algorithm using hemodynamic stability, peritoneal signs, FAST/DPL/CT; understand indications, limitations, and diagnostic accuracy of each test
- Understand damage control laparotomy: indications, options for temporary closure; pathophysiology and management of intra-abdominal hypertension
- Liver/Spleen: understand AAST grading, role of conservative management and angiography/embolization, and operative intervention options
- Pancreas/Duodenum: understand AAST grading, ductal injury diagnosis, duodenal/pancreatic diversion and drainage concepts
- Kidney/Bladder/Ureter: understand AAST grading, evaluate genitourinary trauma, manage reno-vascular trauma and bladder rupture (intra- vs. extraperitoneal)

Pelvic, Extremity & Other Trauma

- Understand pelvic ring anatomy, AO classification, damage control maneuvers (pelvic binder, external fixation), and role of angiography/embolization
- Understand extremity neurovascular anatomy; apply hard and soft signs of vascular injury; understand shunting and damage control orthopedic stabilization
- Understand compartment syndrome diagnosis and management; crush injury and rhabdomyolysis

Practice-Based Learning and Improvement

- Self-assessment: analyze practice experience based on interaction with Trauma fellow, attendings, and key Trauma staff; accept and use constructive criticism
- Apply evidence-based medicine to patient care whenever possible; use information technology to manage information and access online medical resources
- Complete reading assignment and attend 85% or more of all conferences, M&M conferences, Grand Rounds, and other educational activities of the Trauma Center during the rotation
- Complete post-rotation self-assessment test with at least 75% correct answers (if offered)

Interpersonal & Communication Skills

- Communicate effectively with patients, families, nursing staff, mid-level providers, medical students, fellow residents, and attendings in the complex multi-specialty trauma environment

- Contribute to creating an atmosphere of collegiality and mutual respect with all providers involved in the care of trauma patients
- Develop effective listening, questioning, and documentation skills; demonstrate ability to work effectively as a member and leader of a team

Professionalism

- Demonstrate adherence to institutional and departmental standards and policies of St. Mary's Medical Center
- Demonstrate respect, compassion, integrity, and ethical behavior consistent with the values of the division and St. Mary's Medical Center
- Evaluate and formulate a response to ethical questions in trauma care: management of severe brain injury, high spinal cord injury, coagulopathic patients depleting blood bank resources, elderly trauma, pediatric Jehovah's Witness patients, and imprisoned patients

Systems-Based Practice

- Understand the organization of the trauma system in Florida and its implications for trauma care delivery
- Understand average costs of trauma care, productive years lost, cost of disability, and cost of prevention efforts
- Partner with healthcare managers (Trauma coordinator, Social Work, Case Management, PT/OT, Rehabilitation Medicine) to coordinate and improve care for individual patients and patient cohorts

6.5 Trauma Operative Objectives

Core Operative Experience

Category	Basic Procedures	Intermediate Procedures	Advanced Procedures
Trauma Surgery	• FAST examination • Tracheostomy • Exploratory laparotomy • Temporary abdominal closure • Splenectomy • Major wound debridement/suture	• Hepatic injury packing and repair • Splenic salvage procedures • Neck exploration for injury • Fasciotomy for injury • Truncal and peripheral vessel repair	• Damage-control surgery • Major vascular reconstruction • Complex hepatic injury/resection • Burn debridement and grafting • Multisystem trauma management

Advanced Operative Exposure

- Pancreatic injury operation; duodenal trauma management
- Renal injury repair/resection; bladder injury repair; ureteral injury repair

- Cardiac injury repair; abdominal aorta or vena cava injury repair; carotid artery injury repair
- Gastrointestinal tract injury — operation; thoracoscopy for management of hemothorax
- Pediatric trauma; geriatric trauma; trauma in pregnancy

6.6 Trauma — Progressive Responsibility by PGY Level

PGY Level	Focus & Responsibilities
PGY-1	Patient care tasks, medical management of trauma and surgical patients, core bedside procedures, laceration repair, and learning fundamentals of core diseases/conditions outlined in the SCORE curriculum
PGY-2	Critical care management and trauma conditions as outlined in the SCORE curriculum; developing procedural skills and diagnostic workup competency
PGY-3	Master core conditions and diseases; learn advanced conditions and diseases; assist PGY-1 in complex patient care; supervise core bedside procedures; perform complex bedside procedures; participate in all core trauma operative procedures; assume team leadership in absence of chief resident
PGY-4	Assume leadership of the trauma team; supervise core and advanced bedside procedures; master core and advanced conditions and diseases; perform core and advanced operations
PGY-5	Full leadership of the trauma team; supervise junior residents; direct resuscitations; coordinate operative interventions; demonstrate readiness for independent trauma surgical practice

6.7 Acute Care Surgery at St. Mary's

Residents master management of emergency surgical disease in a high-volume Level I Trauma Center environment.

- Clinical experience: bowel obstruction, perforated viscus, ischemic bowel, necrotizing soft tissue infection, GI bleeding, severe pancreatitis, and abdominal sepsis
- Operative experience: emergency laparotomy, bowel resection, ostomy creation, abscess drainage, and necrotizing infection debridement
- Decision-making objectives: develop operative judgment, prioritize competing clinical demands, manage critically ill emergency surgery patients

6.8 Pediatric Surgery at St. Mary's

Residents develop competency in common pediatric surgical diseases and gain exposure to complex congenital conditions.

Competency-Based Goals and Objectives

Patient Care – Goals:

- Demonstrate caring and respectful behaviors when interacting with patients and their families; demonstrate sensitivity to gender, age, ethnicity, religion, value systems and other potential differences of patients and their families; practice according to the clinical standards of the St Mary's Medical Center.
- Gather patient and case specific essential, comprehensive multi-source and accurate information about their patients for initial or peri-operative workup and patient follow-up in the inpatient and outpatient setting
- Using all available resources, under the guidance of the Pediatric Surgery attending, to make informed decisions about diagnostic and therapeutic interventions based on patient information, up-to-date scientific evidence and clinical judgment; evaluate and implement priorities in patient care and incorporate preventive measures
- Under the guidance of the Pediatric Surgery attending and other designated Pediatric Surgery related expert personnel, develop and carry out patient management plans
- Under the guidance of the Pediatric Surgery attending and other designated Pediatric Surgery related expert personnel, monitor closely the patient's clinical progress, review and react to variances in patient progress or response to therapeutic interventions; communicate the details and changes of patient care, progress and complications to the Pediatric Surgery attending in a timely manner
- Under close and direct supervision of the Pediatric Surgery attending and other designated Pediatric Surgery related expert personnel, counsel and educate patients and their families on the state of the patient's disease, necessary diagnostic tests, operative procedures and medical management
- Use information technology (hospital computer system) to support patient care decisions and patient education (electronic patient record, electronic radiology studies, online educational resources, including literature research)
- Work closely with other health care professionals, including those from other disciplines (Pediatrics, Pediatric Anesthesia and Critical Care personnel, mid-level providers, nurses, Pediatric Surgery office staff, etc.), to provide patient-focused and optimum outcome driven care
- Ensure that the needs of the patient and team supersede individual preferences when managing patient care; incorporate evidence-based medicine into patient care whenever possible; comply with changes in clinical practice and standards given by the Pediatric Surgery attending

Patient Care – Objectives:

- Under one-on-one supervision of the Pediatric Surgery attending, perform competently and/or assist in procedures considered essential for the area of practice [junior residents will focus on core conditions/disease processes and procedures, senior resident will focus on advanced operations]

- Participate in the pre- and post-operative surgical management of Pediatric Surgery patients; attend Pediatric Surgery clinic/staff office hours at least once a week; participate on daily morning and afternoon patient rounds;
- Plan and perform elective surgery; perform emergent surgical intervention in high-risk patients
- Manage post-operative surgical complications, including wound and systemic infection, organ failure, fluid and electrolyte imbalance, malnutrition, endocrine abnormalities, etc.

Medical Knowledge – Goals:

- Understand the unique anatomic, pathophysiologic and genetic conditions that affect children at various ages (newborn, infant, young child, adolescent).
- Develop a fundamental knowledge of embryology and its relation to disease; develop a fundamental understanding of the development of children and its relationship to disease.
- Understand the signs and symptoms of the most common pediatric surgical diseases, including pediatric oncologic diseases, and implications of trauma in the child (see Patient Care and Practice-based Learning and Improvement Goals and Objectives).
- Develop an understanding for the most common Pediatric Surgery emergencies and their management.
- Understand the most common (congenital) malformations of the newborn by type, origin and the need for surgical intervention (early or late in life) (see Patient Care and Practice-based Learning and Improvement Goals and Objectives).
- Understand the fundamental differences in normal, anatomic variant and abnormal findings of various laboratory, radiographic and endoscopic diagnostic tests in different age groups.
- Learn the principles of stabilization, appropriate preoperative diagnosis and preparation of the sick child (including ICU management).
- Understand the anatomic and physiologic principles that guide successful operative repair of pediatric diseases.
- Learn principles of routine post-operative care and post-operative critical care management in children.
- Demonstrate an understanding of the special psychological, social and education issues confronting selected pediatric trauma/post-operative patients.
- Analyze the pathophysiology, diagnosis and management options in the treatment of short-gut syndrome.

Medical Knowledge – Objectives:

- Understand the development of children in terms of the following criteria:
 - Weight, length, and head size
 - Nutritional requirements and metabolism
 - Hormonal influences on development
 - Response to stress and infection
 - Psychologic development and reaction to stress, separation, pain and other factors associated with hospitalization and operation
 - Organ function and differences in drug metabolism and dosing
- Understand the most common (congenital) malformations of the newborn by type, origin, and the need for surgical intervention:
 - Head and neck: thyroglossal duct cyst, lymphadenopathy, cystic hygroma
 - Gastrointestinal: pyloric stenosis, appendicitis, intestinal atresias, malrotation, Hirschsprung's disease, diverticula (esophagus, Meckel's)
 - Respiratory: tracheal lesions (malacia, atresia, fistulas, etc), nchest wall
 - deformities (pectus carinatum, excavatum), pulm. atresia/hypoplasia/segmentation
 - Abdominal wall defects: omphalomesenteric and urachal malformations, hernias
 - Genitourinary: polycystic kidneys, undescended testis, torsion of the testis,
 - hydrocele, hypospadias and ambiguous genitalia, phimosis
 - Inborn and genetic errors: trisomy 13, trisomy 18, Down's syndrome, XY
 - abnormalities, common genetic errors of metabolism and hematopoietic system, etc.
 - Orthopedic and cardiac anomalies, which commonly occur with other malformations
- Understand congenital and acquired organ failure and pediatric transplantation, the most common causes of chronic organ failure (kidney, pancreas, liver) in children, principles of conservative management and indications for transplantation (apply concepts from Transplant goals and objectives)
- Understand the fundamental principles of (weight/age/disease) based:
 - fluid and electrolyte management
 - enteral and parenteral nutrition
 - drug metabolism and differential dosing in the pediatric patient
 - analgesia – choices of delivery, drugs and dosing
 - ventilator management, including alternative modes of ventilation (jet, oscillator)

Practice-based Learning and Improvement – Goals and Objectives:

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Self-assessment: Analyze practice experience during the rotation, as well as own performance-based on interaction with the Pediatric Surgery (s) and other key Pediatric Surgery staff; accept and use constructive criticism to improve performance in the six core competencies.
- Medical knowledge: Self-directed and under mentorship of Pediatric Surgery attending(s) staff, locate, appraise and assimilate evidence from scientific studies related to patients' health problems; use evidence based medicine approach to patient care whenever possible; apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness; use information technology to manage information, access on-line medical information, and support own education; facilitate the learning of students and other healthcare professionals on the Pediatric Surgery service by sharing pre-existing and newly acquired knowledge (general and case-based) on rounds and during formal educational activities. Residents are encouraged to ask/question the Pediatric Surgery attending staff and/or other Pediatric Surgery related expert providers for clarification of unclear concepts/practices at any time.
- Participate in the peri-operative management of Pediatric Surgery patients in the inpatient and outpatient setting as outlined in patient care competency; during the rotation the resident should become familiar/proficient with:
 - Fundamentals of embryology and child development and their impact on pediatric surgery disease processes and management
 - Psychosocial impact of disease, hospitalization and separation on children of different ages (and their families)
 - Age, maturity and weight-based differences in key organ functions and resultant differences in resuscitation, nutrition and drug therapy requirements
 - Evaluation of pediatric patients in the office/clinic setting for elective problems and post-op follow-up; evaluate pediatric patients as initial consulting physician in the hospital (floors and emergency room); under supervision of the Pediatric Surgery attending, using all available resources, development of a comprehensive plan for (differential) diagnosis and (non-) operative management
- Perform/participate in Pediatric Surgery service-related operations as outlined in patient care competency; During the rotation the resident should become familiar/proficient with:
 - Differences in surgical techniques and exposures in the pediatric population
 - Planning and performing elective surgery in pediatric patients with attention to minimizing post-operative complications and optimizing overall outcome; performing emergent surgical intervention with identical goals

Interpersonal and Communication Skills – Goals and Objectives:

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patient's families and professional associates.

Residents are expected to:

- Develop interpersonal skills necessary to communicate effectively with patients, patient families, nursing staff, mid-level healthcare providers, ancillary staff, medical students, fellow residents and attending staff in the complex multi-specialty environment that constitutes Pediatric Surgery
- Contribute to creating an atmosphere of collegiality and mutual respect with all providers involved in the care of patients
- Develop effective listening, questioning and documentation skills
- Demonstrate ability to work effectively as a member of a team
- Demonstrate ethically sound behavior (see also Professionalism)
- Share own knowledge with other members of the team to foster an environment of learning

Professionalism – Goals and Objectives:

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. Residents are expected to:

- Demonstrate adherence to institutional and departmental standards and policies
- Demonstrate respect, compassion, integrity and ethical behavior consistent with the values of the department, institution and St Mary's Medical Center Children's Hospital; develop and sustain sensitivity toward differences of age, gender, culture, religion, ethnicity or other diversities in both co-workers and patients.
- Demonstrate ability to appropriately take on, share and delegate responsibilities with regard to patient care; balance own rights and privileges appropriately with responsibilities and accountability resulting from being a member of a team dedicated to patient care
- Demonstrate commitment to excellence and on-going professional development
- Under attending and other Pediatric Surgery staff guidance, develop skill to resolve potential problems and conflicts that occur in a complex corporate environment using the appropriate channels and methods of communication to maximize patient care and surgical service performance
- Evaluate and formulate a response to ethical questions

System-based Practice – Goals and Objectives:

Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- Understand how choices in patient care and other professional practices affect other healthcare professionals, the health care organization and the larger society and how these elements of the system affect their own practice:
 - The relevance and components of clinical pathways and how to deal with deviation
- Practice cost-effective healthcare and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Know how to partner with health care managers (Pediatric Surgery coordinator, Social Work, Case Management, PT/OT and Rehabilitation medicine, etc.) and other healthcare providers (PMD, specialty providers in and out of the hospital) to assess, coordinate and improve healthcare for the individual patient and cohorts of patients

Common Pediatric Operative Experience

- Inguinal hernia repair, umbilical hernia repair, pyloromyotomy, Meckel diverticulectomy, and intussusception

Advanced Pediatric Exposure

- Hirschsprung disease, congenital diaphragmatic hernia, imperforate anus, intestinal atresia, necrotizing enterocolitis, esophageal atresia, gastroschisis, and omphalocele
- Understand congenital anomalies, neonatal physiology, pediatric surgical oncology, and pediatric trauma

SECTION VII: PROGRAM-WIDE STANDARDS & SCHOLARLY EXPECTATIONS

7.1 ACGME Core Competency Framework

Across all clinical sites and all five years of training, residents will demonstrate progressive competency in the six ACGME Core Competencies. Evaluation and feedback are structured around these domains at each training site.

ACGME Competency	Program-Wide Expectations
Patient Care	Progressive assumption of operative and clinical responsibility; safe, effective, and compassionate care across all training sites
Medical Knowledge	Mastery of SCORE curriculum objectives; evidence-based practice; preparation for ABSITE and ABS qualifying/certifying examinations
Practice-Based Learning & Improvement	Self-directed learning, literature review, quality improvement participation, and integration of feedback into clinical practice
Interpersonal & Communication Skills	Effective communication with patients, families, colleagues, and ancillary teams; structured handoffs; tumor board and conference presentations
Professionalism	Adherence to institutional and departmental standards; ethical conduct; reliability; patient advocacy; white coat and dress code compliance
Systems-Based Practice	Healthcare resource utilization; coordination across multidisciplinary teams; participation in patient safety and quality improvement initiatives

7.2 Scholarly Activity Requirements

Residents are expected to contribute to the academic mission of FAU College of Medicine through scholarly engagement. Minimum requirements and expectations are as follows:

- PGY-1 through PGY-3: participate in at least one department-level research or quality improvement project; present at M&M or departmental educational conferences
- PGY-4: contribute to or lead a departmental or collaborative research/QI project; participate in regional or national surgical meetings
- PGY-5: complete at least one peer-reviewed publication, podium presentation, or funded QI project if no value-added year was completed; develop a professional portfolio including personal statement, procedure log, and career goals document
- All residents: maintain ongoing engagement with the surgical literature; participate in journal club leadership; demonstrate ongoing CME and society membership

Scholarly Work Submission Requirements

- Residents are required to notify the Department of Surgery of any scholarly work submission prior to submitting the work to a conference, meeting, or other academic venues. This applies to all residents, including those participating in a Value-Added Year sponsored by FAU and the General Surgery Residency Consortium

- Notification should be sent via email to Hillary Cohen, Anna-Kaye Campbell and Dr. Ben-David (cc'd) and should include:
 - Title of the abstract, manuscript, presentation, or scholarly work
 - Name of the conference or meeting
 - Meeting location (city, state, country)
 - Submission deadline
 - Names of all authors and mentors; identifying the presenting author
 - Anticipated funding needs, if accepted

This process allows the Department to appropriately review, track, approve, and plan support for eligible scholarly activities.

Conference Funding Policy

The FAU Department of Surgery and the General Surgery Residency Consortium will support attendance at local, regional, and national conferences for residents who are presenting accepted scholarly work, subject to departmental policies and available funding.

The Department will not provide funding for attendance or presentation at international conferences. If a research mentor requests submission of scholarly work to an international meeting, any associated travel, registration, lodging, or attendance expenses must be supported through the mentor's research funds, grant funding, or other external funding sources.

Commitment to Scholarly Excellence

The Department of Surgery strongly encourages continued scholarly productivity throughout all years of training, including the Value-Added Year. We are confident that residents will continue to make meaningful contributions through research, quality improvement initiatives, educational scholarships, and other academic endeavors.

There are numerous outstanding opportunities to present scholarly work at local, regional, and national conferences, and the Department looks forward to supporting resident participation in those venues as part of its commitment to academic excellence and professional development.

7.3 ACGME Case Log & Documentation Requirements

- All operative cases must be logged in the ACGME case log system within 24 hours of the operative date across all training sites
- Operative logs and complication tracking must be completed prior to departure from the hospital
- Case logs must accurately categorize operative procedures by CPT code and level of responsibility (surgeon, first assistant, teaching assistant, observer)

- Residents below expected case volume thresholds will be identified by the Program Director and a remediation plan will be implemented

7.4 Robotic Surgery Credentialing & Training Pathway

Robotic surgery training is structured progressively across PGY levels for residents rotating on General Surgery, Surgical Oncology, and Colorectal Surgery service lines:

The following requirements are to be completed by all residents sequentially during their residency:

1. Complete online robotic training at www.davincisurgerycommunity.com
2. Attend a hands-on workshop for introduction to docking, instrument exchange, simulator, and console training.
3. Complete designated modules on the simulator with a score of 90% or greater.
4. Bedside assistant in 10 robotic cases, with responsibility for docking, instrument exchange, and assisting.*
5. Console surgeon for minimum of 15 cases.
6. A minimum of 5 additional cases as console surgeon. Each must include a post case review with the attending surgeon and must be deemed as competent on the console for all of these cases. These cases should be performed with at least 2 different attendings and must be performed during the final year of residency.

Residents currently in their 3rd, 4th, or 5th year who have completed simulator training can log themselves both as bedside assistant and console surgeon if they docked the robot and inserted the instruments, and operated from the console as the surgeon in the same case.

Residents will receive a letter documenting their experience and competency at the time of graduation from the program director.

PGY 1 & 2 Residents

- Complete on-line training
- Attend a hands-on course
- Complete all required modules on the simulator
 - Must be verified by before advancing to the next step
- Participate as observer and bedside assistant for a minimum of 10 robotic cases
 - Document these cases
- Practice on the simulator

PGY 3 & 4 Residents

- Completion of all the above steps in PGY 1 & 2 Levels
- Continued practice on the simulator
- Perform portions of robotic hernia repair/cholecystectomies
 - Document these cases
- Perform portions of colectomies
 - Document these cases

PGY 5 Residents

- Completion of all the above steps in PGY 1, 2, 3 & 4 Levels
- Perform complete cases
- Assist junior residents in robotic procedures
- After completion of a minimum of 15 cases as console surgeon the resident must have an attending surgeon evaluate their overall performance for a minimum of 5 cases

7.5 Endoscopy Credentialing & Training Pathway

Colonoscopy training is embedded within the Colorectal Surgery rotation at BRRH across PGY levels:

- PGY-2: perform colonoscopy to the cecum under direct supervision; identify colorectal polyps, masses, and inflammatory changes; obtain targeted biopsies
- PGY-3: perform diagnostic colonoscopy meeting ACGME/ASGE benchmarks with decreasing supervision; perform cold and hot snare polypectomy; apply tattooing and clip placement for lesion localization
- PGY-4: near-independent diagnostic and therapeutic colonoscopy;

7.6 Program-Wide Professionalism Statement

Every resident is expected to actively contribute to team success, prioritize patient safety, embrace accountability, and continuously strive toward the highest standards of surgical training and patient care. The overarching vision for academic year 2026–2027 and beyond is to cultivate a clinical training environment defined by safety, accountability, and academic excellence. This restructuring establishes a foundation for stronger operative and clinical education, improved continuity of care, and a departmental culture grounded in professionalism, ownership, and surgical leadership.

The FAU General Surgery Residency Program is administered under the direct oversight of the Department Chair and Program Director of General Surgery at Florida Atlantic University College of Medicine. All rotation curricula, site-specific learning objectives, and operative requirements are designed and continuously refined to reflect the highest standards of graduate surgical education, with an unwavering commitment to patient safety, resident well-being, and the development of technically skilled, professionally excellent, and compassionate surgeons.

SECTION VIII: COMMUNITY SURGERY SITES — WEST BOCA MEDICAL CENTER & BETHESDA HOSPITAL WEST

8.1 Overview & Structural Model

West Boca Medical Center (WBMC) and Bethesda Hospital West (BHW) serve as community-based surgical training sites within the FAU General Surgery Residency network. These sites are staffed by a two-person resident team — one Junior Resident (PGY 1–2) and one Senior Resident (PGY 3–4) — reflecting a community outpatient-oriented surgical practice model.

Neither site carries a Chief Resident (PGY-5) rotation. Both sites operate without overnight call obligations on weekdays. Weekend coverage is shared between the two-person team on an alternating schedule, with each resident taking every other weekend.

8.2 Rotation Structure & Call Model

Training Sites	West Boca Medical Center (WBMC) and Bethesda Hospital West (BHW)
Resident Team	One Junior Resident (PGY 1–2) and one Senior Resident (PGY 3–4) per site
PGY Levels	PGY-1 through PGY-4 only (no Chief Resident rotation at either site)
Weekday Call	No overnight call obligations; outpatient-oriented clinical practice model
Weekend Coverage	Two-person team alternates weekend coverage every other weekend — one resident covers each weekend
Emphasis	Elective and community general surgery; operative efficiency; progressive autonomy; continuity of outpatient care

Weekend Coverage Rotation Schedule

The two residents on each team (Junior and Senior) alternate weekend coverage at their respective site:

	Odd Weekends	Even Weekends
West Boca Medical Center	Team A (Junior Resident)	Team B (Senior Resident)
Bethesda Hospital West	Team B (Senior Resident)	Team A (Junior Resident)

On covered weekends, the on-call resident is responsible for managing all inpatient surgical issues, urgent post-operative calls, and any new admissions requiring surgical evaluation at the assigned site. There is no overnight in-house requirement; the resident takes home call and responds to hospital as needed.

8.3 West Boca Medical Center — Site Curriculum

West Boca Medical Center provides a high-volume community surgery experience emphasizing operative independence, efficiency, and broad exposure to common surgical diseases. Residents develop proficiency in community-based surgical practice, outpatient continuity, and cost-conscious care.

Hospital	West Boca Medical Center, Boca Raton, FL
Service Lines	Community General Surgery; Minimally Invasive Surgery
Robotic Platform	Available for general and abdominal surgery cases
Practice Emphasis	High-volume elective and emergency general surgery; outpatient surgical management; practice management awareness

Operative Objectives — WBMC

Basic Procedures	Intermediate Procedures	Advanced Procedures
- Laparoscopic cholecystectomy - Appendectomy - Inguinal hernia repair (open and laparoscopic) - Umbilical hernia repair - Soft tissue surgery	- Ventral hernia repair - Small bowel resection - Colon resection - Laparoscopic colectomy - Adhesiolysis	- Robotic abdominal surgery - Complex ventral hernia repair - Reoperative abdominal surgery

Medical Knowledge Objectives — WBMC

- Master SCORE curriculum topics applicable to community general surgery practice
- Apply evidence-based guidelines to common elective and emergent surgical conditions
- Interpret advanced imaging and laboratory data relevant to outpatient and perioperative surgical disease
- Understand indications for operative versus non-operative management across the spectrum of common surgical presentations

Patient Care & Outpatient Practice Objectives — WBMC

- Evaluate surgical patients independently in both clinic and hospital settings; develop and execute operative plans
- Manage perioperative care with increasing autonomy including postoperative wound care, drain management, and stoma care as applicable
- Coordinate discharge planning and ensure continuity of care for surgical patients across inpatient and outpatient settings
- Understand office-based surgical procedures, surgical billing and coding concepts, and practice operations

- Develop proficiency in patient throughput efficiency and quality metrics applicable to community surgical practice

PGY-1 / PGY-2
Junior Resident — WBMC

- Perform common elective surgical procedures (cholecystectomy, appendectomy, hernia repair) under direct supervision with progressive independence
- Develop proficiency in structured preoperative evaluation, consent, and outpatient surgical scheduling workflow
- Manage postoperative complications in the outpatient and inpatient setting including wound infection, seroma, ileus, and urinary retention
- Demonstrate effective communication with attending surgeons, OR coordinators, clinic nursing staff, and post-operative patients
- Complete ACGME case logs for all procedures within 24 hours

PGY-3 / PGY-4
Senior Resident — WBMC

- Perform intermediate and advanced elective surgical procedures as primary surgeon with attending presence
- Lead operative decision-making in complex hernia repairs, bowel resection, and laparoscopic/robotic abdominal cases
- Supervise and teach Junior Resident in operative technique, perioperative management, and professional conduct
- Manage complex postoperative complications including wound dehiscence, anastomotic leak, and re-operative surgery indications
- Demonstrate readiness for near-independent surgical practice by ABS standards; contribute to departmental QI or scholarly activity

8.4 Bethesda Hospital West — Site Curriculum

Bethesda Hospital West provides residents with extensive exposure to community-based general surgery and vascular surgery while fostering operative efficiency, autonomy, and continuity of care. The site operates under the same two-person team model as WBMC and similarly carries no Chief Resident rotation.

Hospital	Bethesda Hospital West, Boynton Beach, FL
Service Lines	Community General Surgery; Vascular Surgery
Robotic Platform	Available for general surgery cases
Practice Emphasis	High-volume elective general and vascular surgery; community outpatient care; operative efficiency

Operative Objectives — BHW General Surgery

Basic Procedures	Intermediate Procedures	Advanced Procedures
- Laparoscopic cholecystectomy - Appendectomy - Inguinal hernia repair (open and laparoscopic) - Ventral hernia repair - Soft tissue surgery	- Bowel resection - Adhesiolysis - Colon resection - Advanced hernia repair	- Robotic abdominal surgery - Reoperative abdominal surgery - Complex revisional cases

Operative Objectives — BHW Vascular Surgery

Basic Procedures	Intermediate Procedures	Advanced Procedures
- AV fistula creation (AVF) - Femoral artery exposure and closure - Vascular access procedures	- Peripheral arterial bypass - Carotid endarterectomy - Embolectomy	- Endovascular interventions - Amputations (above- and below-knee) - Complex lower extremity revascularization

Medical Knowledge Objectives — BHW

- Master SCORE curriculum topics applicable to community general surgery and vascular surgery practice
- Understand vascular anatomy, arterial and venous pathology, and indications for open vs. endovascular management
- Apply evidence-based guidelines for management of peripheral arterial disease, carotid stenosis, dialysis access, and venous insufficiency
- Interpret vascular laboratory testing, duplex ultrasonography, CTA, and MRA imaging findings

Patient Care & Outpatient Practice Objectives — BHW

- Independently evaluate surgical and vascular patients in clinic and hospital settings; develop operative plans and coordinate perioperative care
- Manage elective and semi-urgent surgical admissions with increasing autonomy; coordinate discharge planning and outpatient follow-up
- Understand resource utilization, cost-conscious care delivery, and community surgical practice management
- Develop proficiency in outpatient wound and vascular access surveillance, including dialysis access monitoring and surveillance duplex protocols

PGY-1 / PGY-2**Junior Resident — BHW**

- Perform common elective general surgery and basic vascular procedures under supervision with progressive independence
- Assist in carotid endarterectomy, femoral-popliteal bypass, and AV fistula creation; develop understanding of vascular exposure and control techniques
- Manage postoperative vascular and general surgery patients; recognize and escalate vascular complications including graft thrombosis and wound breakdown
- Demonstrate effective outpatient communication, structured hand-off protocols, and timely completion of ACGME case logs

PGY-3 / PGY-4**Senior Resident — BHW**

- Perform intermediate and advanced general and vascular procedures as primary surgeon with attending presence or availability
- Lead operative decision-making for carotid endarterectomy, lower extremity bypass, complex hernia repair, and bowel resection
- Supervise and teach Junior Resident in operative technique, vascular anatomy, and perioperative management
- Manage vascular emergencies encountered on weekend coverage including acute limb ischemia, AV fistula thrombosis, and postoperative hemorrhage; escalate appropriately to attending
- Demonstrate near-independent surgical practice in both general and vascular surgery consistent with ABS board-readiness expectations

8.5 Weekend Coverage — Expectations & Responsibilities

On weekends where a resident is covering their assigned site (WBMC or BHW), the following expectations apply:

- Be immediately available by phone for nursing calls, patient and family questions, and urgent clinical issues
- Round on all postoperative inpatients in person each weekend morning and document appropriate progress notes
- Evaluate any new surgical admissions or urgent consultations and communicate clinical plan to the attending on call
- Escalate all critically ill patients, suspected returns to the OR, or unexpected clinical deterioration to the attending promptly and without delay
- Complete all required documentation — progress notes, discharge summaries, and operative notes — prior to the end of the weekend coverage period

- Coordinate directly with the other team member regarding any clinical issues that may require cross-coverage or input

8.6 ACGME Competency Alignment — Community Sites (WBMC & BHW)

ACGME Competency	Junior Resident (PGY 1–2)	Senior Resident (PGY 3–4)
Patient Care	Supervised operative participation; postoperative management; outpatient follow-up	Primary surgeon for common and intermediate cases; manage perioperative complications
Medical Knowledge	SCORE curriculum; common elective and emergent surgical disease; perioperative basics	Advanced disease management; operative decision-making; evidence-based practice
Interpersonal Communication	Structured hand-offs; patient and family communication; attending consultation	Supervision of junior resident; leadership in weekend coverage communications
Systems-Based Practice	Outpatient workflow; resource utilization; discharge coordination	Practice management awareness; cost-conscious care; community surgical systems
Practice-Based Learning	Feedback integration; self-directed study; case log completion	QI participation; mentorship of junior resident; literature application
Professionalism	Reliability in weekend call; professional conduct; documentation standards	Accountability for team; role modeling; independent judgment in weekend emergencies