Patient Care
The resident is expected to be introduced to:
- Performing appendectomies, cholecystectomies (open and laparoscopic), hernia repairs, gastric bypasses and other general surgical cases
- Management of critically ill patients, including vasoactive medication and ventilatory management
- Thoracostomy tube placement

The resident is expected to be proficient at:
- Phlebotomy
- Peripheral IV line placement
- Nasogastric tube placement

Medical Knowledge
The Resident should understand:
- The evaluation of a general surgical patient who presents to the emergency room
- Pathophysiology of common general surgical diseases (ex: cholecystitis, bowel obstruction, hernia, peptic ulcer disease, lipoma)
- Basic Science principles (ex: metabolism, wound healing)
- General Surgery principles (ex: acute cholecystitis)
- GI Surgery principles (ex: perforated ulcer)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement
The Resident should demonstrate the ability to:
- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students
- Attend conferences

Interpersonal and Communication Skills
The resident is expected to demonstrate the ability to:
- Interact with patients and their family
- Interact with Nursing staff and other members of the health care team
- Interact with OR staff
- Interact with Attendings
- Interact with peer and senior Housestaff
Professionalism

*The resident should:*
  • Be receptive to feedback on performance
  • Be attentive to ethical issues
  • Be involved in end-of-life discussions and decisions
  • Be sensitive to gender, age, race, and cultural issues
  • Demonstrate leadership

Systems Based Practice

*The Resident should demonstrate:*
  • Awareness of cost-effective care issues
  • Sensitivity to medical-legal issues
  • Knowledge of information technology/computer resources available