



**Florida Atlantic University
Charles E Schmidt College of Medicine
Program in General Surgery
Overall Educational Goals**

Vision and Mission

Charles E. Schmidt College of Medicine: The mission of the Charles E. Schmidt College of Medicine is to educate physicians and scientists to meet the healthcare needs of Florida, to conduct biomedical research to advance knowledge, which improves patient care, and to serve patients and communities with competence, compassion and respect. Its goal is to educate the next generation of physicians and scientists who will be well-prepared to make long-term contributions to science and medicine and to our communities.

The College is committed to providing medical education programs, in partnership with our hospital affiliates that enable our students and residents to become active, self-directed, life-long learners, demonstrate a commitment to inclusiveness through the recruitment of a diverse body of students, faculty, and staff, produce physicians with the knowledge, skills, attitudes, and self-awareness required to practice highly effective, humanistic, patient-centered, evidence-based and cost conscientious medicine in an increasingly diverse healthcare environment, emphasize the centrality of collaborative relationships in the provision of the highest quality comprehensive health care, and fosters collaboration between basic and clinical science, among medical specialties, and between academic medicine and community health care professionals.

The College is committed to providing graduate programs in the biomedical sciences that: produce scientists at the forefront of biomedical research and scholarship, promote collaborative, inter-disciplinary, and innovative approaches to research and inculcate our students with the ability to think creatively, are responsive to business and industry needs for individuals with scientific training and expertise.

Program in General Surgery: It is the goal of the Program in General Surgery to train broad-based, highly qualified surgical specialists who can provide highly effective, humanistic, patient-centered, evidence-based and cost conscientious care to patients with a wide range of surgical diseases in an increasingly diverse healthcare environment. To this end, the program emphasizes education over service, offers training in all major surgical subspecialties, both strong community affiliation and academic background, and a well-chosen blend of hospitals, rotations and faculty that exposes our residents to all facets of modern-day surgery. The FAU Charles E Schmidt College of Medicine Program in General Surgery strives to foster an environment of learning, collaboration and research, which enables our graduates to critically appraise the available evidence and keep abreast of advances in an ever changing landscape of surgery and medicine, years after graduating from the program. The program aims to equip our graduates with the necessary skills in business and systems management, health care finance and politics, and leadership to train academic and community surgeon leaders for the future.

Specific Program Goals

- **Provide trainees with knowledge and familiarity with a broad spectrum of diseases that may require surgical treatment;** provide excellent experience in the core content areas: Alimentary Tract (including Bariatric Surgery), Abdomen and its Contents, Breast, Skin and Soft Tissue, Endocrine System, Solid Organ Transplantation, Pediatric Surgery, Surgical Critical Care, Surgical Oncology (including Head and Neck Surgery), Trauma/Burns and Emergency Surgery, and Vascular Surgery [ABS Booklet, 2015, I.E.1.-2., page 5-6]
- **Provide trainees with** [ABS Booklet, 2015, I.E.2.-5., page 6-7]
 - o **Technical proficiency in the performance of essential operations/procedures** in the above areas, and knowledge, familiarity, and in some cases technical proficiency, with the more uncommon and more complex operations in each of the above areas.
 - o **Clinical knowledge of**
 - Epidemiology, anatomy, physiology, clinical presentation, and pathology (incl. neoplasia)
 - Anesthesia; biostatistics and evaluation of evidence; principles of minimally invasive surgery; and transfusion and disorders of coagulation.
 - Wound healing; infection; fluid management; shock and resuscitation; immunology; antibiotic usage; metabolism; management of postoperative pain; and use of enteral and parenteral nutrition.
 - Appropriate use and interpretation of radiologic and other diagnostic imaging.
 - [and skills in] the management and team-based interdisciplinary care of the following specific patient groups: a) Terminally ill patients, to include palliative care and management of pain, weight loss, and cachexia; b) patients with malignant and chronic conditions; c) morbidly obese patients, to include metabolic derangements, surgery for weight loss, and the counseling of patients and families; d) geriatric surgical patients, to include operative and non-operative care, management of comorbid chronic diseases, and the counseling of patients and families; e) culturally diverse groups of patients.
 - o **Experience and skill** in the following areas:
 - clinical evaluation and management, or stabilization and referral, of patients with surgical diseases; management of preoperative, operative and postoperative care; management of comorbidities and complications; and
 - Bariatric Surgery, Solid Organ Transplantation, Pediatric Surgery, Thoracic Surgery, Vascular Surgery, Ability to recognize and provide early management and appropriate referral for urgent and emergent problems in the surgical fields of: Gynecology, Urology, Orthopedic Injuries, Hand Surgery [ABS Booklet, 2015, I.E.1.-2., page 5-6]
- **Provide specialty education that develops the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency** [necessary] to assume personal responsibility for the care of individual patients, to enter the unsupervised practice of [general surgery], and to establish a foundation for continued professional growth and function as a qualified practitioner of surgery at the advanced level of performance expected of a board-certified specialist. [ACGME Gen. Surg. Prog. Req. Int. A.-C., and IV.A.5.b).(1)-f).(9)], This includes the ability

- To competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
- To demonstrate competence in development and execution of patient appropriate care plans, including management of pain.
- To demonstrate knowledge of the fundamentals of basic science as applied to clinical surgery, established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.
- To demonstrate knowledge in applied surgical anatomy, surgical pathology, the elements of wound healing; homeostasis, shock and circulatory physiology; hematologic disorders, immunobiology and transplantation, oncology, surgical endocrinology surgical nutrition, fluid and electrolyte balance, and the metabolic response to injury, including burns.
- To locate, investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- To identify strengths, deficiencies, and limits in one's knowledge and expertise; to set learning and improvement goals; to identify and perform appropriate learning activities; to systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; to incorporate formative evaluation feedback into daily practice;
- To participate in the education of patients, families, students, residents and other health professionals; to participate in mortality and morbidity conferences that evaluate and analyze patient care outcomes; to utilize an evidence-based approach to patient care.
- To demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals and the public, across broad range of socioeconomic and cultural backgrounds. (Outcome)
- To work effectively as a member or leader of a health care team or other professional group; to act in a consultative role to other physicians and health professionals;
- To demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- To demonstrate compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society and the profession; sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;
- To demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- To work effectively in various health care delivery settings and systems relevant to their clinical specialty; to coordinate patient care within the health care system relevant to their clinical specialty; to incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; to advocate for quality patient care and optimal patient care systems; to work in inter-professional teams to enhance patient safety and improve patient care quality; to participate in identifying system errors and implementing potential systems solutions

- **Advance the residents' knowledge of the basic principles of research**, including how research is conducted, evaluated, explained to patients, and applied to patient care. [ACGME Gen. Surg. Prog. Req. IV.B.1.-3.], including
 - o Active resident participation in scholarly activity, including clinical and/or laboratory research, leading [for some residents] to peer-reviewed funding, publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings, and/or participation in national committees or educational organizations.

- **Assure the residents complete specialty certification in General Surgery** [ABS Booklet, 2015, II.D.2.-F., page 10-15], including
 - o Obtaining a full and unrestricted license to practice medicine
 - o Completion of a minimum of five years of progressive training in General Surgery, with a) no fewer than 48 weeks of full-time experience in each residency year; b) at least 54 months of clinical surgical experience with progressively increasing levels of responsibility; c) no fewer than 42 months devoted to the content areas of general surgery, and d) the entire chief resident experience in either the content areas of general surgery, or thoracic surgery, with no more than four months devoted to any one component.
 - o Completion of Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support® (ATLS®) and Fundamentals of Laparoscopic Surgery (FLS), ABS Flexible Endoscopy Curriculum and Fundamentals of Endoscopic Surgery™ (FES), and any other courses required at the time of graduation.
 - o Being the operating surgeon for a minimum of 750 operative procedures, including at least 150 operative procedures in the chief resident year, including operative experience in each of the content areas of general surgery, and experience as teaching assistant in at least 25 cases.
 - o Having a minimum of 25 cases in the area of surgical critical care patient management, with at least one case in each of the seven categories: ventilator management; bleeding (non-trauma); hemodynamic instability; organ dysfunction/failure; dysrhythmias; invasive line management and monitoring; and parenteral/enteral nutrition.
 - o Successful completion of the ABS Qualifying and Certifying Examinations within the specified timeframe [ABS Booklet, 2015, III.B., page 21-25, and III.C., page 25-27]



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