## **Goals and Objectives**

## **General Surgery (PGY-1)**

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Family Medicine Physicians are regularly confronted with clinical situations of a surgical nature. It is important for Family Physicians to have an understanding of common and/or potentially life or limb threatening conditions.

## Goals

The Family Medicine resident should demonstrate an understanding of:

- 1. Taking a focused history and completing a focused physical examination of different organ systems or areas of the body in the context of problems of a surgical nature.
- 2. Developing a differential diagnosis for these problems.
- 3. Outline efficient, cost-effective diagnostic plans based on the differential diagnosis.
- 4. Demonstrate knowledge of evidence based treatment options for common diagnoses.
- 5. Demonstrate skills of a more common or life sustaining measure.

## **Objectives**

- 1) Complete focused histories with complaints related to the following areas (PC, MK, ICS):
  - a. neck (adenopathy, thyromegaly, masses),
  - b. breast (pain, nipple discharge, masses-benign versus malignant),
  - c. axillae (adenopathy, abscesses),
  - d. abdomen (tenderness, guarding, rebound, masses, organomegaly),
  - e. groin (hernia reducible versus incarcerated, adenopathy),
  - f. rectal (normal versus abnormal),
  - g. extremities (masses, pulses, abscesses, fasciitis, ulcerative conditions)

h. skin (lesions – benign versus malignant, abscesses, ulcerative conditions, burns, lacerations).

- 2) Complete focused physical examinations of the same areas listed in number 1 (PC, MK).
- 3) Explain and support your reasoning for your differential diagnosis list (MK, ICS).
- 4) Explain and support your cost effective diagnostic plans for the differential diagnoses (MK, PC, SBP).
- 5) Using evidence based criteria, describe current treatment options available for the given diagnosis (MK, SBP, ICS, P).
- 6) Describe the diagnosis and treatment for the following specific diagnoses (MK, ICS, SBP):
  - a) Acute surgical abdomen
  - b) Appendicitis
  - c) Biliary colic
  - d) Acute cholecystitis
  - e) Pancreatitis
  - f) Breast cancer
  - g) Colon cancer
  - h) Abscesses
- 7) Demonstrate competency in various skills (based on clinical situations available, not to be considered an all inclusive list) (PC, MK, P):
  - a) Laceration repair
  - b) Wound management (chronic, acute, post surgical)
  - c) Excision of skin lesions
  - d) Incision and drainage of abscesses
  - e) NG tube placement
  - f) Central line placement
  - g) Chest tube placement
- 8) Demonstrate ability to provide surgical consultants with adequate, appropriate information (SBP, P, ICS).