




CAPE FEAR VALLEY HEALTH

Physician Assistant Surgery Residency Residency Manual AY 25-26

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Introduction

Welcome to the Cape Fear Valley Health Physician Assistant Surgical Residency (PASR) Program and to Fayetteville, North Carolina. The PASR Program was started in 2025. The program was developed to train PAs in the surgical discipline while increasing access to care for the hospitalized patient in the current hospital environment. The PASR Program demands a PA with the highest degree of professionalism and motivation. This rigorous 12-month program will provide the PA with the knowledge, technical skills, and confidence needed to commence a fulfilling career as a surgical PA. The PA residents will have the opportunity to work side-by-side with renowned surgical attendings in an academic, tertiary care environment and care for the most complex of patients with rare disease processes and multiple comorbidities.

Program Director:

The Duke PA Surgical Residency Program has a designated Program Director who assumes the responsibility of the supervising physician for the PA surgical residents and maintains compliance with the rules and regulations of the North Carolina Medical Board. [NC Medical Board: Physician Assistants](#)

The program director (PD) is responsible for managing the PA surgical residency program and addressing any problems that arise. The PD coordinates the responsibilities of the PA program faculty and reports to the medical director any recurrent or serious issues or concerns regarding the PA surgical residents and functions of the program.

Additionally, the program director reviews the didactic training, syllabi, presentation materials, clinical rotation schedule, and evaluation materials yearly to ensure that competent medical guidance is provided so that both didactic and supervised instruction meets current acceptable practice. The program director presents selected topics to the PA surgical residents throughout their didactic training and evaluates their performance on didactic month and clinical rotations. The PD reviews the PA surgical resident evaluations and procedure logs quarterly, duty hours monthly, meets with the residents monthly, and attends PA surgical residents' meetings as needed.

The program director also reviews alumni evaluations, interview applicants, and approves acceptance into the program. The program director reviews the application for accreditation and maintains compliance with standards. The PD assures adequate resident progression, initiate remediation if needed, and assure the residents have met all requirements for graduation.

The program director (PD) is responsible for managing the PA surgical residency program and

addressing any problems that arise. The PD coordinates the responsibilities of the PA program faculty and reports to the medical director any recurrent or serious issues or concerns regarding the PA surgical residents and functions of the program.

Didactic Training:

In conjunction with the general surgery residency program director, PA residents will be scheduled to participate in didactics with the resident physicians this will include presentations, review content of presentations, and present selected topics to the PA surgical residents and general surgery physician residents.

The didactic curriculum includes live lectures every Friday from 6a – 11a, knot tying/suturing/incision & drainage/biopsy, non-invasive airway/chest tube/US-guided central line, fundamentals of laparoscopic surgery skills, ostomy sitting & troubleshooting, blunt & penetrating trauma, robotic surgery, stapler & energy devices, wound vac, palliative care, & root cause analysis. PA Residents are also expected to attend Department of Surgery Grand Rounds, Morbidity & Morality Conferences, and other conferences organized by the Department of Surgery and CFVH General Surgery Residency.

The PD evaluates the resident's performances on their presentation, assess participation, attendance, and reviews the PA surgical residents' evaluation of their didactic training.

Clinical Rotations:

The PD works to ensure the clinical rotation schedule meet all program requirements, review monthly PA surgical resident evaluations, duty hours, procedure logs, and coordinate and attend PA resident meetings.

The requirements for the PA surgical residents, in no particular order, are as follows:

- 8 months in Acute Care General Surgery

- 4 elective blocks

- Elective Options:

- Colorectal Surgery/Minimally Invasive Surgery (GI Surgery)

- Pancreatic, Liver, & Biliary Surgery (PBS)

- Cardio-Thoracic Surgery (TCV)

- Trauma Surgery

- Vascular Surgery

- Orthopedic Surgery

- Urological Surgery

- Plastic Surgery

Evaluation:

The PD coordinates and leads quarterly evaluations, assures adequate resident progression, initiates remediation if needed, and assures the residents have met all requirements of graduation.

Alumni:

The PD completes letters of recommendation and credentialing paperwork for program alumni, sends out alumni evaluations and compiles results, and maintains active alumni contact information.

Recruiting/New Resident Selection:

The PD creates ads and updates the program's website for advertising, reviews applications and selects for interviews, coordinates interviews, and in collaboration with the general surgery residency director, and the faculty selects applicants and notifies them of acceptance into the program.

Management:

The PD coordinates the work of the assistance program director, program faculty, and program coordinator. The PD coordinates and attends graduation.

Program Administrator:

The program administrator(s) performs the following duties:

- Process credentialing applications for the PA surgical residents by gathering the application, references, verifications, credentials, transcripts, and all supporting documents in order to obtain a complete file.
- Schedule interviews of the PA surgical resident applicants, secure conference rooms and interview rooms, and arrange breakfast, lunch, and refreshments as needed.
- Take minutes for meetings and send to all participants.
- Facilitate credentialing of all new PA surgical residents and set up with Cape Fear Valley Health so they can have access to various systems and areas within the hospital.
- Assist new PA surgical residents in obtaining their North Carolina PA license as well as their Intent to Practice forms with the North Carolina Medical Board.
- Obtain Cape Fear Valley Health Unique ID numbers and NPI numbers for new PA surgical residents.
- Assist the new PA surgical residents in obtaining ID badges, parking passes, lab coats, lockers and access to buildings.
- Assist in setting up orientation, didactic training, for new PA surgical residents, secure conference rooms for lectures.
- Send out monthly evaluations of PA surgical residents and facilitate completion in New

Innovations.

- Set up quarterly evaluation meetings between PA surgical residents and PD.
- Assist PD in arrangements to attend annual AAPA conference, and other PA surgical residency associated conference as needed based on accepted research.
- Organize graduation and graduation certificates.

Program Faculty:

The PA surgical residency program faculty member attends curriculum meetings, applicant interviews, admission meetings, PA surgical resident meetings, journal clubs, and graduation dinner. As faculty member, they provide education to the PA surgical residents in many ways including formal presentations during the didactic month and acting as mentors during clinical rotations. The faculty member is an advocated educator of the PA surgical residency program. Program faculty is expected to attend at least 75% of the meetings of the residency program.

Additionally, each faculty is assigned to serve as a mentor/advisor to one or more PA surgical residents. The duties include introducing themselves to the PA residents during the first week of the program and scheduling periodic meetings throughout the year. The faculty mentor/advisor is the first contact if a PA surgical resident has any concerns throughout the year and provides support as needed. The faculty member contacts the PD with as issues or problems that require immediate attention or cannot be handled without assistance.

PA Surgical Residency Faculty and Staff:

Donald Maharty, DO

Joel Horowitz, MD

NAME, PA-C

NAME

NAME, PA-C

NAME, PA-C

NAME, PA-C

DIO

Program Director

Assistant Program Director

Program Administrator

PASR Faculty/Advisor

PASR Faculty/Advisor

PASR Faculty/Advisor

Program Overview

This residency is not designed to produce technicians. The goal is to train competent physician assistants who provide a continuum of care for their patients. Emphasis is placed on preoperative and post-operative care with adequate importance to operative skills. As a PASR, you will serve as the primary contact when it comes to everyday patient care, be it completing history and physicals, ordering, and interpreting appropriate labs and diagnostic tests, implementing a treatment plan, formulating a discharge plans or responding to floor emergencies. However, you are never alone. It is a symbiotic relationship between you and the junior and senior residents, the chief residents, the attending surgeons, physician assistants, nurses, and social workers who help make a difference in your patients' lives.

The required rotations in no particular order are:

8 months in Acute Care General Surgery

4 elective blocks

Elective Options:

Colorectal Surgery/Minimally Invasive Surgery (GI Surgery)

Pancreatic, Liver, & Biliary Surgery (PBS)

Cardio-Thoracic Surgery (TCV)

Trauma Surgery

Vascular Surgery

Orthopedic Surgery

Urological Surgery

Plastic Surgery

Each rotation will last 1 (calendar) month, with the first two weeks of the resident's first respective rotation spent shadowing General Surgery resident physicians. Each new rotation will start on the first of each respective calendar month.

A. Mission Statement and Aim:

The Cape Fear Valley Health's (CFVH) General Surgery Physician Assistant Residency Program is dedicated to providing quality, compassionate, and personalized care to the residents of Fayetteville and surrounding communities. Our community is home to a medically underserved patient population, and our program seeks to improve access to care for our patients while training the general surgery physician assistants of tomorrow. We are committed to educating and training diverse and culturally competent surgical physician assistants who are outstanding clinicians and will be an asset to whatever community in which they choose to practice. It is our hope that program graduates will choose to practice in medically underserved communities continuing the community outreach legacy of our program.

The PASR program is structured to provide PA residents with evidenced-based fundamental

knowledge and principles requisite to becoming outstanding surgical PAs. WE combine a broad didactics curriculum and progressive clinical experiences to ensure PA residents are prepared for clinical practice. Throughout the 12-month program, PA residents have the opportunity to train in such areas as general surgery, trauma/critical care, vascular, thoracic, urology, emergency medicine, and orthopedics. Our faculty come from diverse backgrounds with interests in a variety of surgery areas that help our PA residents grow into competent, well-rounded surgical PAs.

The Cape Fear Valley Health Training Program is dedicated to nurturing the next generation of healthcare leaders and specialists. Our program offers a supportive, hands-on environment where trainees can gain invaluable clinical experience, develop their skills, and contribute to patient care in our community. With a focus on education, mentorship, and innovation, our training programs are designed to prepare you for a successful career in medicine.

B. Physician Assistant Surgical Residency Mission Statement and Vision:

The PA Surgical Residency Program is dedicated to innovation and the future of medicine by creating proficient and dedicated physician assistants capable of administering exceptional patient care.

As the birthplace of the Physician Assistant profession, we wish to remain at the forefront of PA education by providing licensed PA's with the knowledge and technical skills required to excel in the surgical subspecialties. This will improve surgical outcomes and patient satisfaction not only at Duke, but also at academic and community hospitals throughout the Nation.

C. Department of Surgery Values:

We earn the trust our patients place in us by involving them in their health care planning and treatment, and by exceeding their service expectations.

1. We maintain a work environment that nurtures respect for the individual within an atmosphere of cultural diversity.
2. We foster personal achievement and team accomplishments by encouraging honesty, commitment, and initiative.
3. We enhance the effective use of our resources through continual improvement of our performance.
4. We improve patient care and the ways in which it is delivered by supporting innovation and excellence in education and research.

5. We achieve new levels of success by partnering with individuals and organizations that share our vision.
6. We fulfill our societal responsibilities through our commitment to community citizenship.

II. General Policies & Procedures:

A. Prerequisites to Beginning Surgical Year:

The following qualifications, or equivalent, are the minimum requirements necessary to perform the essential functions of this program.

1. Graduation from a PA Training Program approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or equivalent Nursing Practitioner Degree granting accredited School accredited program prior to matriculation into the program.
2. Applicants must have passed the National Commission on Certification of Physician Assistants (NCCPA) Certification Examination or be eligible to sit for the PANCE prior to matriculation into the program or equivalent Nurse Practitioner Credentials.
3. A credentialing file must be completed with Cape Fear Valley Health
4. PA or NP Application process must be completed and approved with the North Carolina Medical Board prior to matriculation into the program.

B. Duty Hours:

1. Eighty-Hour (80) Work Week:

Providing PASRs with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and trainee wellbeing. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on trainees to fulfill service obligations. Didactic and clinical education must have priority in the allotment of trainees' time and energies. Duty hour assignments must recognize that faculty and trainees collectively have responsibility for the safety and welfare of patients and adherence to this policy. The institution is committed to the promotion of an educational environment, support of the physical and emotional wellbeing of its graduate medical trainees, and the facilitation of high-quality patient care.

The PASR program is integrated within the CFVH's General Surgery Residency Program. As such, the PA Surgical Residents share the same call schedules, duty hours, and duty hour restrictions as the PGY- 1 MD/DO intern staff. Great care is taken to make the schedule in to 12-hour work shifts and attention is paid to keep the schedule to an 80-hour week averaged over 4 weeks (each rotation). Some rotations have 24 hour shifts but the 4-week schedule still averages to an 80-hour work week. There is no formal logging of hours. The PA surgical residents are expected and required to adhere to the scheduled shifts-signing on and signing off per the schedule. The PA surgical residents are required to report to the medical director and program director if they exceed their scheduled 12 –hour work shifts and these work-hour restrictions.

- a) Duty hours are defined as all clinical and academic activities related to the graduate medical education program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b) Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities.
- c) Trainees must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d) Adequate time for rest and personal activities must be provided. This should consist of at least 10-hours between shifts and must consist of at least 8 hours free of duty between all daily duty periods and after in-house call.

2. Surgical Clinics:

PASRs may attend the clinic while rotating on their elective rotations. The PASR who is assigned to a specialty surgical service (i.e., Thoracic, Vascular, etc.) may obtain outpatient clinic experience when possible or when directed by the MD/PA members of the specialty service.

3. Resident Leave:

The Department of Surgery and the PA Surgical Residency Program leadership recognizes that unexpected circumstances may occur in the life of an individual PASR once the program has started. Please refer to the CFVH's Human Resources website which describes the various types of time away from CFVH:

Time Away From CFVH | Human Resources

A meeting with the Program Director is mandatory, in the event that a PA resident believes that conditions exist to request leave from the program for any of the following circumstances listed on the CFVH HR website: bereavement leave, jury duty, family medical leave, personal leave of absence etc. The Duke PA Surgical Residency Program requires that the PASR completes forty-eight (48) weeks of clinical activity for successful completion of the program. Any PASR who is unable to complete the required forty-eight (48) weeks of clinical activity will have to reapply during the next scheduled session of candidate interviews to be considered for re-entry into the program. Note, this is based upon the 12-month format of the program.

4. Unplanned Absence or Tardiness:

If a resident is unable to make it to work or will be late, it is the PASR's responsibility to notify the program director, the chief resident on their service prior to the beginning of the scheduled shift, and their program administrator. The information must be relayed via direct conversation. Each unplanned absence or event of tardiness will be reviewed by the program director. The event will be discussed with the individual PASR involved. PA residents will receive 28 days of PTO during their 12-month training.

5. Interviewing:

As graduation nears, it may be necessary for the PASR to interview for positions outside of CFVH. It is the responsibility of the PASR to plan ahead for the scheduled interview. This planning will involve discussion with the chief resident or the administrative chief on their service as well as direct conversation with the program director and program administrator to ensure that appropriate coverage is available for the service during the time that the PASR will be away.

6. Personal:

Fatigue and Resident Stress

This policy is to assist the program in its support of high-quality education and safe/effective patient care. The CFVH is committed to meeting the requirements of patient safety and PASR well-being. Excessive sleep loss, fatigue and resident stress are serious matters. In the event that any resident experiences fatigue and/or stress that is interfering with his/her ability to safely perform his/her duties, they are strongly encouraged and obligated to report this to his/her senior resident and/or supervising attending on service.

Appropriate backup support will be provided when patient care responsibilities are especially difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

All attendings and residents are instructed to closely observe other residents for any signs of undue stress and/or fatigue. Faculty and other residents are to report such concerns of sleepiness, tardiness, resident absences, inattentiveness, or other indicators of possible fatigue and/or excessive stress to the supervising Attending and/or medical director. The resident will be relieved of his/her duties until the effects of fatigue and/or stress are no longer present.

Additionally, all PASRs have access to the CFVH Employee Assistance Program (EAP). EAP provides professional counseling to CFVH staff, and their immediate family members while maintaining confidentiality. The services of the EAP are free of charge, and the office can be reached at 615-1733. More information is available at the EAP website on the infoweb.

Substance Abuse:

Policies describing how PA surgical resident's impairment, including that due to substance abuse, will be handled in accordance with CFVH's HR policies and guidelines (Drug Free Workplace, Policy 707).

Sexual Misconduct, Harassment and Discrimination Policy

In order to promote a respectful and productive work environment, harassment of any kind is not acceptable at CFVH. Refer to CFVH HR policy (Harassment, Policy 202).

program in the event that a PASR is requested to travel to a meeting for presentation of a scholarship or award to a member of the PASR staff.

C. On-Call:

1. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 16-hour period. In-house call is defined as those duty hours beyond the normal workday when trainees are required to be immediately available in the assigned institution.
2. In-house call must occur no more frequently than every third night, averaged over a four-week period.
3. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.
4. When trainees are called into the hospital from home, only the hours trainees spend in-house are counted toward the 80-hour limit.

D. Record Keeping:

PASRs are required to log their CME Activities, procedures/OR cases in New Innovations. Compliance with this policy is mandatory. Failure to comply will result in disciplinary action.

1. **Procedure/OR case log:** PASRs are required to keep an accurate and up to date log of all procedures and OR cases. This will be reviewed by the program director on a monthly basis to ensure compliance.

2. **Patient Care Encounters:** PASRs are required to log a minimum of five (5) patient care encounters per week for all clinical rotations. This will be reviewed by the program director on a monthly basis to ensure compliance. The following rotations are exempt from this requirement: OR OR/VAC.

E. Performance Evaluation of PA Surgical Residents:

At the end of each rotation, attending surgeons, chief residents, and senior residents, and physician assistants will evaluate the PASRs. The evaluations will be available in New Innovations and monitored by the program administrator.

F. Rotation Schedule Changes:

PASRs are scheduled to rotate through the various specialties and sub-specialties to enrich their surgical experience. Any concerns, conflicts, or changes should be brought to the attention of the program director and program administrator. Due to resident staffing issues, rotation schedules may have to be modified throughout the year at the discretion of the program director for the PA Surgical Residency Program and program director of the MD/DO surgery residency program.

G. Resident's Evaluation of Rotations:

Upon completion of each rotation, PASRs are required to complete an evaluation of the service, which is available on New Innovations.

H. Attire

The purpose of the dress code is to enhance a patient's confidence in the employees, faculty, and residents of the Department of Surgery as highly competent members of a healthcare team who are strongly committed to quality service. The PASR staff will wear scrubs while in the OR otherwise, the program requires the PASR staff to wear professional business attire in the clinics.

I. Hospital Policies:

1. Verbal Orders

- a) Verbal orders should be used only to meet the care needs of the patient when the ordering practitioner is unable to enter the order himself/herself because he/she is not physically able to access the medical record or EPIC.
- b) A nurse is in communication with a PASR by telephone or in other circumstances in which a pin-station /EPIC is not accessible to the PASR. The PASR orally gives specific orders for a specific patient to be carried out before the PASR cosigns the orders. The nurse confirms that the order was heard correctly by immediately repeating the name of the patient and the order back to the PASR.
- c) Verbal orders must be cosigned by the prescribing practitioner as soon as possible and reflective of the earlier of the following: The next time the prescribing practitioner provides care to the patient, assesses the patient or documents information in the patient's medical record, or within 48 hours of when the order was given. The signature must be dated and timed. If the prescribing practitioner is not available to authenticate the verbal order, a covering physician may cosign the order. The signature indicates that the covering physician assumes responsibility for the order as being complete, accurate and final. A physician assistant or nurse practitioner may not authenticate a verbal order given by a physician. In this procedure, the nurse serves only as a scribe for the physician. This procedure may not be used unless the physician specified the name of the patient and the full and exact content of the order written. The physician will state the order directly to the writer, not indirectly through another nonphysician intermediary.
- d) Verbal orders may not be given for:
 - (1) Cancer chemotherapeutic agents
 - (2) Investigational drugs
 - (3) Systemic thrombolytic agents. NOTE: Verbal orders may be given for alteplase (tPA) for the purpose of declotting a catheter.
 - (4) Initial dose of insulin.
- e) Verbal orders are limited to the attending physician for: Limiting cardiopulmonary resuscitation as witnessed by another physician and a registered nurse. (See Doctor's Orders to Limit Cardiopulmonary Resuscitation [DNR] Procedure for details.)

2. DEA Number

All prescriptions written in North Carolina require the prescriber's DEA number. PASRs will be given a temporary DEA (Drug Enforcement Administration) number for use while in training at CFVH. These numbers are issued by the Department of

Pharmacy and are unique to each prescriber. These DEA numbers are valid only at authorized CFVH Practice sites.

J. Benefits

1. Affordable health, dental, and vision insurance coverage for trainee and their eligible dependents
2. Paid malpractice expense from the Hospital system
3. Affordable disability insurance
4. Life insurance
5. Additional voluntary benefits
6. Flexible spending account
7. Cellphone and internet expense
8. Simulation center access
9. Fitness center discount through Hospital's HealthPlex
10. 403b retirement plan available
11. Free parking
12. FMLA eligibility after 12 months of full-time employment, per Hospital policy

K. Corrective Action:

If a PASR consistently performs below expectations as evidenced by poor performance on evaluation(s), verbal complaints by faculty or staff, or violations of items as set forth in the CFVH policy 711 (Disciplinary Actions for CFV Employees) informal actions (coaching) first. If informal actions taken do not result in the desired correction or improvement then written formal actions may take place including but not limited to: Written Warning, Suspension or Discharge. For more information, please refer to: PolicyStat on the InfoWeb for Policy 711.

L. Withdrawal from the Program:

The PASR has the option to withdraw from the residency at any time without cause and for any or no reason and be excused from further obligation or liability provided that any such termination shall be upon at least thirty (60) days' prior written notification (the "Notification Period").

M. Human Resources Policy Manual:

For comprehensive details about CFVH's Human Resources policies, procedures, and forms, please visit the HR website on the InfoWeb:
inet7.capefear.local/departments/human_resources/index.aspx

N. BLS and ACLS certifications:

Current BLS and ACLS certification must be maintained at all times throughout the duration of the program. Copies of current BLS and ACLS certificates are to be provided to the program coordinator.

Required Academic Standards for Progression in the Program

- **Didactic Month:**

- Attend all lectures and grand rounds
- Complete all assigned online LMS modules, and lectures on videos,
- Complete evaluation of outgoing residents' final presentations,
- Present an oral presentation on a topic pertaining to surgical patients.

- **Clinical Rotations:**

- Demonstrate ability to complete and document a thorough History and Physicals, progress notes, and a thorough and complete discharge summaries by the end of the first rotation.
- Continued improvement in end-of-rotation evaluations without deficiencies. If any deficiencies are noted, must complete the prescribed remediation

Milestones for Progression in the Residency:

The PA surgical resident will demonstrate progression of skills to manage multiple simultaneous patient encounters with ability to multi-task prior to rotation on nights. If a resident is unable to demonstrate this ability or patient safety concerns exist, rotation schedule will be adjusted.

Prior to rotation in the surgical ICU, resident will demonstrate ability to care for less critically ill patients through successful completion of core general surgery rotations such that faculty is confident of their readiness to perform in a critical care environment with appropriate supervision and support. Core skills demonstrated to support readiness will include basic surgical knowledge, patient care skills, and communication skills, both written and verbal. If resident is deemed not ready for the critical care environment, rotation schedule will be adjusted.

PA Surgical Residency Rotation Goals and Objectives

Thoracic Surgery
Vascular surgery
Acute Care Surgery /Trauma
Colorectal Surgery
Urology
Plastic Surgery
Orthopedic Surgery
General Surgery

PA Surgical Residency Training Objectives

Thoracic Surgery

Patient Care:

The PA Surgical Resident on the Thoracic Surgery Service should demonstrate the ability to:

- Evaluate pre-operative patients with complex thoracic issues or procedures including (but not exclusive of) benign and malignant tumors of the chest, aneurysmal disease of the thoracic aorta, malignant disorders of the diaphragm/pleura/chest wall and non-neoplastic disorders of the esophagus.
- Understand the operative steps for the following procedures commonly performed on the service:
- Pulmonary resections (wedge, lobectomy, and pneumonectomy)
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Plan discharge.
- Perform (or have experience with) the following ward procedures:
- Arterial line/ABG.
- Peripheral line/Phlebotomy.
- Chest tube placement.
- Wound Debridement.

Medical Knowledge:

The PA Surgical Resident on the Thoracic Surgery Service should understand:

- Basic Science principles (ex: lung volumes, wound healing).
- Thoracic Surgery principles (ex: pneumothorax).
- General Medicine principles (ex: infectious disease).
- Common presenting signs and symptoms, evaluation of, and management of the following:
- Pulmonary malignancies (primary and metastatic)
- Pulmonary infections (fungal, bacterial)/empyema
- Tumors of the mediastinum, pleura, and chest wall
- Aneurysmal disease of thoracic aorta
- Esophageal cancer and benign tumors
- Benign conditions of the esophagus (spasm, achalasia, diverticula)
- Spontaneous pneumothorax

- Benign and malignant pleural effusions

Suggested Reading: In addition to sections from the major surgical textbooks relating to your individual patients, you should inquire of the faculty surgeons as to special contemporary articles and or texts that he would consider relevant.

Practice Based Learning and Improvement:

The PA Surgical 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 and physician assistant students.
- Attend conferences.

Interpersonal and Communication Skills:

The PA Surgical Resident should demonstrate the ability to interact with the following persons professionally:

- Patients;
- Family members;
- Nursing staff; and
- Other members of the care team.

Professionalism:

The PA Surgical 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 PA Surgical Resident should:

- Be aware of cost-effective care issues.
- Be sensitive to medical-legal issues.
- Have information technology/computer resources available

PA Surgical Residency Training Objectives

Vascular Surgery Service

Patient Care:

The PA Surgical Resident on Vascular should demonstrate the ability to:

- Evaluate pre-operative patients with Peripheral vascular disease and its risk factors

(ex: CD, Smoking history, Diabetes)

- Manage ward/postoperative patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge

Assist/Perform (or have experience with) the following ward procedures:

- Arterial line/ABG
- Peripheral line/Phlebotomy
- NG tube placement
- Dobhoff placement
- Chest tube placement
- Wound Debridement
- Femoral IJ/SC line placement □ Operative procedures:
- Extremity amputations
- Placement long-term central venous access
- Debridement of complex wounds

Medical Knowledge:

The PA Surgical Resident on the Vascular Service should understand:

- Diagnosis of acute limb ischemia
- Diagnosis of acute vascular emergencies (ruptured aneurysm, aortic dissection)
- Vascular non-invasive laboratory testing
- Vascular imaging (CTA and MRA)
- Evaluation and treatment of venous disorders
- Management of common medical diagnoses associated with vascular disease (CAD, DM, ESRD, COPD)

Practice Based Learning and Improvement:

The PA Surgical Resident on the Vascular should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and tests
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences
- Participate in monthly journal club

Interpersonal and Communication Skills:

The PA Surgical Resident on the Vascular Surgery Service should demonstrate the ability to interact with the following persons professionally:

- Patients, family members, faculty members, residents, fellows, nursing staff and other members of the care team

Professionalism:

The PA Surgical Resident on the Vascular Surgery Service 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 PA Surgical Resident on the Vascular Service should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PA Surgical Residency Training Objectives

Trauma Surgery Service

Patient Care:

The PA Surgical Resident should demonstrate the ability to:

- Evaluate pre-operative patients
- Manage ward/postoperative patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Perform the following procedures
- Ankle/Brachial Index (ABI)
- Arterial line/ABG
- Peripheral line/Phlebotomy
- NG tube placement
- Chest tube placement
- Debridement
- Complex Wound Care
- Femoral IJ/SC line placement
- Incision closure
- G-tube placement
- Laceration repair, complex
- Tracheostomy

Medical Knowledge:

The PA Surgical Resident should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Medicine principles (ex: ESRD, dialysis)
- General Surgery principles (ex: bowel obstruction)
- Vascular Surgery principles (ex: rest pain, ischemia)
- Trauma Surgery principles (ex: splenic laceration)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement:

The PA Surgical 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 and physician assistant students
- Attend conferences

Interpersonal and Communication Skills:

The PA Surgical Resident should demonstrate the ability to:

- Interact with Patient/Family
- Interact with nursing staff
- Interact with Patient Resource Manager and Social Workers
- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior House staff
- Interact with Senior House staff

Professionalism::

The PA Surgical 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 PA Surgical Resident should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PA Surgical Residency Training Objectives

Colorectal Surgery Service

Patient Care:

The PA Surgical Resident on the Service should demonstrate the ability to:

- Evaluate pre-operative patients with complex colorectal issues (ex: colon cancer, rectal cancer, and diverticulitis).
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Plan discharge.
- Perform (or have experience with) the following ward procedures:
 - NG tube placement.
 - Dobhoff placement.
 - Chest tube placement.
 - Wound Debridement.
 - Appendectomy.
 - Colectomy.
 - Lysis of adhesions.
 - Common Ano-rectal procedures (i.e. hemorrhoid banding, repair fistula).
 - Cholecystectomy, laparoscopic.
 - Cholecystectomy, open.
 - Hernia repair.
 - Incision closure.
 - Laceration repair, complex.

Medical Knowledge:

The PA Surgical Resident should understand:

- Basic Science principles (ex: metabolism, wound healing).
- General Surgery principles (ex: acute cholecystitis).
- GI Surgery principles (ex: diverticulitis, colon cancer).
- General Medicine principles (ex: infectious disease).
- Radiographic studies: indications and interpretation.

Practice Based Learning and Improvement:

The PA Surgical 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 and physician assistant students.
- Attend conferences.

Interpersonal and Communication Skills:

The PA Surgical Resident should demonstrate the ability to interact with the following persons professionally:

- Patients;
- Family members;
- Nursing staff; and
- Other members of the care team.

Professionalism:

The PA Surgical 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 PA Surgical Resident should:

- Be aware of cost-effective care issues.
- Be sensitive to medical-legal issues.
- Have information technology/computer resources available

Physician Assistant Training Objectives

Urology Surgery Service

Patient Care:

The PA Resident on the Urology Surgery Service should demonstrate the ability to:

- Evaluate pre-operative patients
- Manage ward/postoperative patients
- Prioritize patient acuity
- Manage ward emergencies (ex: obstructive hematuria, postoperative bleeding)
- Prioritize clinical responsibilities
- Plan discharge

Perform (or have exposure to) the following procedures:

- ABG
- Peripheral line/Phlebotomy
- Post-op drain care
- Catheter placement
- Catheter management
- SPT placement
- SPT management
- PCN management
- Ureteral stent management
- Cystoscopy
- TURBT, assist
- Prostatectomy, assist
- Nephrectomy, assist

Medical Knowledge:

The PA Resident on the CFVH Urology Surgery Service should understand:

- Basic Science principles (ex: wound healing)
- Urologic principles (ex: GU malignancies)
- Trauma principles (ex: bladder injury/IVP indications)
- General Medicine principles (ex: pyelonephritis)
- Pharmacologic principles (ex: narcotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement:

The PA Resident on the CFVH Urology Surgery Service 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 and physician assistant students
- Attend conferences

Interpersonal and Communication Skills:

The PA Resident on the CFVH Urology Surgery Service should demonstrate the ability to:

- Interact with Patient/Family
- Interact with nursing staff
- Interact with Patient Resource Manager and Social Workers
- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior House staff
- Interact with Senior House staff

Professionalism:

The PA Resident on the CFVH Urology Surgery Service 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 PA Resident on the CFVH Urology Surgery Service should:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Have information technology/computer resources available

Physician Assistant Resident Training Objectives

Plastic Surgery Service

Patient Care:

The PA Resident on the Plastic Surgery Service should demonstrate the ability to:

- Evaluate pre-operative patients
- Manage ward/postoperative patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, myocardial infarct, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Perform the following procedures
- ABG
- Peripheral line/Phlebotomy
- Debridement
- Laceration repair, simple and complex
- Wound closure
- Excision of skin lesion
- Split thickness skin graft, assist

Medical Knowledge:

The PA Resident on the Plastic Surgery Service should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Medicine principles (ex: soft tissue infection)
- Plastic Surgery principles (ex: skin graft, wound VAC, rotation, and free vascularized tissue flaps)
- Pharmacologic principles (ex: narcotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement:

The PA Resident on the Plastic Surgery Service 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 and physician assistant students
- Attend conferences

Interpersonal and Communication Skills:

The PA Resident on the Plastic Surgery Service should demonstrate the ability to:

- Interact with Patient/Family
- Interact with nursing staff
- Interact with Patient Resource Manager and Social Workers
- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior House staff
- Interact with Senior House staff

Professionalism:

The PA Resident on the Plastic Surgery Service 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 PA Resident on the Plastic Surgery Service should:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Have information technology/computer resources available

Physician Assistant Resident Training Objectives

Orthopedic Surgery Service

Patient Care:

The PA Resident on the Orthopedic Surgery Service should demonstrate the ability to:

- Evaluate pre-operative patients
- Manage ward/postoperative patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, myocardial infarct, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Perform the following procedures
- Ankle/Brachial Index (ABI)
- ABG
- Peripheral line/Phlebotomy
- Above knee amputation (AKA), assist
- Below knee amputation (BKA), assist
- Debridement
- Extremity traction/splint, assist
- Pelvic stabilization, assist
- Halo placement, assist

Medical Knowledge:

The PA Resident on the Orthopedic Surgery Service should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Medicine principles (ex: back pain)
- Orthopedic Surgery principles (ex: lumbar prolapse)
- Trauma Surgery principles (ex: pelvic fracture)
- Pharmacologic principles (ex: narcotic management) • Radiographic studies: indications and interpretation

Practice Based Learning and Improvement:

The PA Resident on the Orthopedic Surgery Service 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 and physician assistant students

Interpersonal and Communication Skills:

The PA Resident on the Orthopedic Surgery Service should demonstrate the ability to:

- Interact with Patient/Family
- Interact with nursing staff
- Interact with Patient Resource Manager and Social Workers • Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior House staff
- Interact with Senior House staff

Professionalism:

The PA Resident on the Orthopedic Surgery Service 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 PA Resident on the Orthopedic Surgery Service should:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Have information technology/computer resources available

PA Surgical Training Objectives

Acute Care General Surgery Service

Patient Care:

The PA Surgical Resident on the CFVH Surgery Service should gain experience with and demonstrate the ability to:

- Evaluate pre-operative patients
- Manage general surgery ward/postoperative patients
- Manage ER/Trauma patients
- Assess surgical consult patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, myocardial infarct, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Assist in the following procedures
- IV placement/Phlebotomy
- NG tube placement
- Chest tube placement
- Femoral IJ/SC line placement
- Amputation (AKA, BKA)
- Appendectomy
- Breast: sentinel LND
- Breast: lumpectomy
- Breast: mastectomy
- Cholecystectomy, laparoscopic
- Cholecystectomy, open
- Hemorrhoidectomy
- Hernia repair, inguinal
- Hernia repair, ventral
- Hickman catheter
- Laceration repair, complex
- Open/close laparotomy
- PEG
- Tracheostomy
- Wide local excision

Medical Knowledge:

The PA Surgical Resident should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Surgery principles (ex: acute abdomen)
- Critical Care subjects (ex: ARDS, SIRS, MODS)
- General Medicine principles (ex: infectious disease)
- Pharmacologic principles (ex: antibiotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement:

The PA Surgical Resident on the Service 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 and physician assistant students
- Attend conferences

Interpersonal and Communication Skills:

The PA Surgical Resident should demonstrate the ability to:

- Interact with Patient/Family
- Interact with nursing staff
- Interact with Patient Resource Manager and Social Workers
- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior House staff
- Interact with Senior House staff

Professionalism:

The PA Surgical 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 PA Surgical Resident
should:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PA Surgical Training Objectives

Pancreatic, Liver, and Biliary Surgery (PBS) Service

Patient Care:

The PA Surgical Resident on the CFVH PBS Service should gain experience with and demonstrate the ability to:

- Evaluate patients with suspected or confirmed hepatopancreatobiliary disease
- Participate in the workup and staging of pancreatic, liver, and biliary malignancies
- Manage pre- and post-operative PBS patients, including those undergoing complex resections
- Monitor and address complications such as bile leak, pancreatic fistula, post-hepatectomy liver failure, and hemorrhage
- Assess and prioritize PBS consults from inpatient and outpatient settings
- Coordinate multidisciplinary care (oncology, interventional radiology, gastroenterology, nutrition, palliative care)
- Manage ward and ICU emergencies in PBS patients
- Assist in planning patient discharges and arranging appropriate follow-up care
- Assist in the following procedures:
 - Central venous access (IJ/SC/femoral)
 - Arterial line placement
 - ERCP assistance (as available)
 - Diagnostic laparoscopy for staging
 - Liver biopsy
 - Cholecystectomy (laparoscopic and open, complex cases)
 - Hepatic resection (minor and major)
 - Pancreaticoduodenectomy (Whipple procedure)
 - Distal pancreatectomy
 - Biliary reconstruction
 - Management of surgical drains, T-tubes, and biliary stents
 - Complex abdominal wall closure in PBS cases

Medical Knowledge:

The PA Surgical Resident should understand:

- Anatomy and physiology of the hepatobiliary and pancreatic systems
- Pathophysiology of pancreatic cancer, cholangiocarcinoma, hepatocellular

- carcinoma, metastatic liver disease, benign biliary disease, and pancreatitis
- Indications, techniques, and perioperative considerations for major PBS operations
 - Criteria for liver resection (functional reserve, tumor burden, portal hypertension)
 - Staging systems (AJCC, Child-Pugh, MELD)
 - Perioperative optimization, including nutritional support and biliary drainage
 - Postoperative complications unique to PBS surgery and their management
 - Radiographic and endoscopic evaluation (US, CT, MRI/MRCP, ERCP, EUS)
 - Relevant pharmacologic management, including chemotherapy, targeted agents, and antibiotics for biliary infections

Practice Based Learning and Improvement:

The PA Surgical Resident on the Service should demonstrate the ability to:

- Critically review literature related to hepatopancreatobiliary surgery
- Apply evidence-based guidelines (e.g., NCCN, AHPBA) to patient management
- Participate in PBS tumor boards and multidisciplinary care conferences
- Teach PBS concepts and skills to students and junior trainees
- Incorporate feedback from faculty and peers to improve clinical performance

Interpersonal and Communication Skills:

The PA Surgical Resident should demonstrate the ability to:

- Communicate complex diagnoses and treatment plans clearly to patients and families
- Coordinate with multidisciplinary teams for surgical and non-surgical management
- Provide timely, concise, and accurate updates to consulting services and primary teams
- Effectively communicate intraoperatively with the surgical team
- Document clearly in the medical record, including operative notes and postoperative care plans

Professionalism:

The PA Surgical Resident should:

- Maintain patient confidentiality and demonstrate ethical conduct in complex surgical oncology cases
- Approach end-of-life discussions with empathy and respect
- Respect diverse cultural perspectives on cancer and surgical decision-making

- Demonstrate accountability, punctuality, and reliability
- Model professional behavior for students and peers

Systems Based Practice:

The PA Surgical Resident should:

- Recognize the role of regional cancer centers, transplantation programs, and referral patterns in PBS care
- Understand resource utilization and cost-effectiveness in advanced surgical oncology
- Navigate insurance and approval processes for specialized imaging, procedures, and adjuvant therapies
- Use electronic health records and imaging systems to optimize patient care and coordination