UCSF RED GENERAL SURGERY
GOALS & OBJECTIVES

UCSF R1

[Please note that all listed Goals & Objectives and Responsibilities & Expectations are IN ADDITION TO those listed in the UCSF Common Goals & Objectives document]

PATIENT CARE
GOALS & OBJECTIVES

Stomach/Duodenum and Bariatric
1. Interpret the results of clinical evaluations (history, physical examination) performed on patients being assessed for
   a. obesity surgery
   b. treatment of
      i. adenocarcinoma of the stomach
      ii. GIST
      iii. Carcinoid
2. Optimize preoperative preparation of patients undergoing bariatric procedures by assessing patient risk, focusing on
   a. Pulmonary hypertension, coronary artery disease, and right heart failure
   b. Sleep apnea and hypoxemia/hypoventilation syndrome
   c. Associated hepatobiliary disease
      i. NAFLD
      ii. Gallstones
   d. VTE prophylaxis
   e. Infection prophylaxis
3. Interpret the results of postoperative patient monitoring after bariatric procedures, focusing on
   a. Fluids and electrolytes
   b. Pain management
   c. Oxygenation (continuous pulse oximetry)
4. Interpret the results of postoperative monitoring to identify complications after bariatric procedures, including
   a. Anastomotic leak (of gastrojejunostomy, jejunojejunostomy, or gastric remnant staple line)
   b. Bleeding (intraluminal versus intraabdominal)
   c. Acute gastric obstruction (band)
   d. VTE
   e. Soft tissue and deep infection
   f. Pneumonia

Gallbladder
1. Interpret the results of clinical evaluations (history, physical examination) performed on patients being evaluated for
   a. biliary colic
   b. biliary dyskinesia
   c. choledocholithiasis
2. Optimize preoperative preparation of patients undergoing biliary procedures by assessing patient risk.
3. Interpret the results of postoperative monitoring to manage patient recovery after biliary procedures.
4. Interpret the results of postoperative monitoring to identify complications after biliary procedures, including
   a. Bile leak
b. Wound infection and deep infection

**Acute Abdomen**

1. Interpret the results of clinical evaluations (history, physical examination) performed on patients with acute abdominal pain, being evaluated for
   a. Appendicitis
   b. Pancreatitis
   c. Cholecystitis
   d. Small bowel obstruction
   e. Mesenteric or colonic ischemia
   f. Acute hernia
   g. Perforated viscus

2. Identify the optimal imaging and laboratory assessment of patients being evaluated for the above conditions.

3. Optimize preoperative preparation of patients undergoing emergency procedures for the above conditions, including
   a. Correction of volume and electrolyte deficits
   b. Antimicrobial therapy
   c. Management of coagulopathy

2. Interpret the results of postoperative monitoring to manage patient recovery after emergency procedures for the above conditions

3. Interpret the results of postoperative monitoring to identify complications after emergency procedures for the above conditions including
   a. Intra-abdominal abscess after appendectomy, cholecystectomy, bowel resection
   b. Necrosis, pseudocyst formation or bleeding after pancreatectomy
   c. Ileus
   d. Anastomotic leak
   e. Bowel obstruction

**Complex and/or Reoperative Surgery (including ventral hernia, enterocutaneous fistulas)**

1. Interpret the results of clinical evaluations (history, physical examination) performed on patients being evaluated with the above conditions to prioritize initial management including
   a. Control of infection
   b. Volume and electrolyte resuscitation
   c. Nutritional support

2. Determine the optimal diagnostic approach to evaluate patients with the above clinical conditions to achieve the following goals
   a. immediate need for assessment and control of infection
   b. overall status assessment to identify
      i. the patient’s tolerance for the treatment options
      ii. the timing of definitive treatment

3. Use the results of the diagnostic imaging studies to determine the treatment options for the above clinical conditions.

4. Interpret the results of postoperative monitoring to manage patient recovery after procedures for the above conditions

5. Interpret the results of postoperative monitoring to identify complications after procedures for the above conditions, including
   a. Intra-abdominal abscess
   b. Ileus
   c. Anastomotic leak
   d. Bowel obstruction

**RESPONSIBILITIES & EXPECTATIONS**

1. See all service and consult patients daily on rounds with the team to discuss status, formulate management plans and anticipate discharge planning

June 2010
2. Review all patient imaging studies—not just the reports—with the team and a radiologist as appropriate, particularly studies performed at other facilities.
   a. Give outside studies to the clinical assistant to be digitized into UCSF PACS
3. Write TPN orders on at least 5 patients.
4. Use UCare Synopsis for patient tracking and sign-out.
5. Promptly notify the service chief resident and/or attending of changes in patient status as directed by
   a. The rules of the specific institution
   b. The rules of the residency training program
   c. The rules of the Red Surgery Service Manual, including
      i. any change in the level of care.
      ii. any patient who vomits more than once within 12 hours
      iii. any patient who requires more than one fluid bolus within 12 hours
      iv. any drop in hematocrit >3 units
      v. any patient with abnormally changed vital signs. The most common error is hypotension (SBP<90) mis-attributed to an epidural, when in fact the patient is bleeding.

MEDICAL KNOWLEDGE
GOALS & OBJECTIVES
Stomach/Duodenum
1. describe the pathophysiology of peptic ulcer disease.
2. analyze the etiologic factors in the development of peptic ulcer disease, including the role of
   a. helicobacter pylori
   b. NSAIDS
   c. Antiplatelet agents
   d. Zollinger-Ellison syndrome
3. Describe and contrast the diagnostic tests available for helicobacter pylori.
4. Compare and contrast the diagnostic approaches for gastric and duodenal ulcers (upper GI series versus upper endoscopy).
5. Discuss the usefulness of biopsy to differentiate between benign and malignant gastric ulcers.

Bariatric
1. describe the 1991 NIH consensus criteria for surgical management of morbid obesity
2. discuss the impact of the following comorbidities of obesity, including the impact on the risk of bariatric procedures
   a. pulmonary hypertension
   b. CHF
   c. coronary artery disease
   d. sleep apnea
   e. hypoxemia/hypoventilation syndrome
   f. asthma
   g. hyperlipidemia/hypercholesterolemia
   h. diabetes/insulin resistance
   i. venous stasis
   j. GERD
   k. DJD
3. Describe the benefits of bariatric surgery in terms of
   a. Weight loss
   b. Life expectancy
   c. Quality of life
   d. Resolution of comorbidities

Gallbladder
1. describe the prevalence and natural history of gallstones.
2. describe the pathophysiology of gallstone formation.
3. describe primary choledocholithiasis and differentiate this from cholelithiasis.
4. describe signs and symptoms of
   a. cholelithiasis
      i. biliary colic
      ii. acute cholecystitis
      iii. chronic cholecystitis
      iv. acalculous cholecystitis
   b. choledocholithiasis
      i. acute cholangitis
      ii. biliary pancreatitis
   c. biliary dyskinesia
5. describe the relevant normal and aberrant surgical anatomy of the biliary tree including triangle of Calot and associated vascular structures
6. compare the following treatment options for gallstones including indications, contraindications
   a. ERCP
   b. Cholecystectomy
   c. Cholecystostomy

Acute Abdomen
1. appendicitis
   a. describe the classic signs and symptoms of acute appendicitis
   b. contrast the signs and symptoms of classic appendicitis with the signs and symptoms of the most common conditions included in the differential diagnosis, including
      i. UTI
      ii. Renal colic
      iii. Gynecologic conditions (PID, TOA, ectopic pregnancy, endometriosis, ruptured luteal cyst)
      iv. Mesenteric lymphadenitis
      v. Peptic ulcer disease
      vi. Cecal diverticulitis or cancer
      vii. Sigmoid diverticulitis
   c. describe the natural history of appendicitis
   d. compare the methods of diagnostic evaluation, including indications for
      i. CT scan
      ii. Ultrasound
      iii. MR
      iv. diagnostic laparoscopy
   e. describe the complications of appendicitis
      i. abscess
      ii. perforation
      iii. fistula
      iv. infertility
      v. phlegmon
      vi. chronic appendicitis
   f. compare the following treatment options for appendicitis in terms of indications, contraindications, risks, benefits, possible complications
      i. antibiotics
      ii. appendectomy
         1. open vs lap
         2. immediate vs delayed
2. pancreatitis
   a. describe the surgical and radiologic anatomy of the pancreas
      i. arterial supply
      ii. venous drainage
      iii. ductal anatomy including variants
   b. describe the signs and symptoms and diagnostic criteria of acute pancreatitis
c. compare the etiologies of pancreatitis including
   i. alcoholic
   ii. biliary
   iii. iatrogenic
   iv. other (hypertriglyceridemia, hypercalcemia, PAN, medications, viruses)
d. describe the diagnostic evaluation of acute pancreatitis and prognostic scoring systems.
e. describe complications of acute pancreatitis
   i. SIRS
   ii. pseudocyst
   iii. pancreatic necrosis
   iv. retroperitoneal abscess
f. describe the initial management of patients with acute pancreatitis, with emphasis on
   i. fluid resuscitation
   ii. nutrition
   iii. indications for antibiotics
   iv. monitoring for end-organ dysfunction/SIRS
   v. indications for surgery
3. **small bowel obstruction (SBO)**
   a. describe the signs and symptoms of mechanical SBO
   b. differentiate
      i. SBO from adynamic ileus
      ii. Complete SBO from partial
      iii. Strangulated SBO from non-strangulated
c. describe diagnostic evaluation of patients presenting with a SBO
4. **Mesenteric or colon ischemia**
   a. Describe the signs and symptoms of ischemic and/or infarcted bowel
   b. Describe the risk factors and clinical settings when mesenteric ischemia might occur
5. **Acute hernia complications**
   a. Identify the findings that require emergency repair of a hernia
6. **Perforated viscus**
   a. Describe the differential diagnosis of abdominal free air.

**Complex and/or Reoperative Surgery (including ventral hernia, enterocutaneous fistulas)**

1. **Ventral Hernias**
   a. differentiate a simple from a complex ventral hernia
   b. analyze treatment options with respect to
      i. laparoscopic vs open
      ii. need for mesh reinforcement
      iii. type of mesh used: prosthetic versus biologic
      iv. separation of components
2. **Enterocutaneous Fistulas**
   a. define a fistula and the common causes.
   b. identify risk factors and factors that prevent fistula resolution

**RESPONSIBILITIES & EXPECTATIONS**

1. prepare and present clinical patient histories at Red Surgery Conference.

**TECHNICAL SKILLS**

**GOALS & OBJECTIVES**

1. competently tie one-handed and two-handed knots
2. competently perform skin closure (at least 5)
3. competently perform at least 3 inguinal herniorrhaphies
4. second-assist at least 5 bariatric and foregut procedures
5. competently place at least 5 laparoscopic ports

June 2010
6. competently remove central lines
7. competently remove drains
8. competently perform at least 3 excisions of soft tissue masses

RESPONSIBILITIES & EXPECTATIONS
1. routinely scrub in the operating room on service operating days.

PRACTICE-BASED LEARNING AND IMPROVEMENT
GOALS & OBJECTIVES
1. Participate in weekly service M&M conference.
2. Maintain a log of procedures performed and outcomes

RESPONSIBILITIES & EXPECTATIONS
1. meet with the faculty education representative at least three times during the rotation (beginning, midpoint, exit) to review goals & objectives.

INTERPERSONAL & COMMUNICATION SKILLS
GOALS & OBJECTIVES
1. maintain an appropriate balance with NPs with regard to delegation of duties and primary responsibility for patient care

RESPONSIBILITIES & EXPECTATIONS
1. See UCSF Common Goals & Objectives

PROFESSIONALISM
GOALS & OBJECTIVES
1. See UCSF Common Goals & Objectives
2. See Red Surgery Service Manual

RESPONSIBILITIES & EXPECTATIONS
1. enter workhours in E*Value by 9 AM daily

SYSTEMS-BASED PRACTICE
GOALS & OBJECTIVES
1. coordinate patient care including discharge and transfer within the health care system

RESPONSIBILITIES & EXPECTATIONS
1. participate in the process of patient transfer to a lower level of care at least once
2. participate in the management of a patient through the discharge process
   a. appropriate documentation of care for the primary physician
   b. appropriate referral to local specialists for follow-up management of health issues that developed during the UCSF treatment

UCSF RED GENERAL SURGERY

June 2010
GOALS & OBJECTIVES

UCSF R3

[Please note that all listed Goals & Objectives and Responsibilities & Expectations are IN ADDITION TO those listed in the UCSF Common Goals & Objectives document and IN ADDITION TO those required of more junior residents on this clinical assignment]

PATIENT CARE

GOALS & OBJECTIVES

Stomach/Duodenum and Bariatric

1. Use the results of clinical evaluations and diagnostic imaging studies to identify the treatment options for patients being evaluated for
   a. Obesity surgery
   b. Treatment of
      i. Adenocarcinoma of the stomach
      ii. GIST
      iii. Carcinoid

2. Perform a risk/benefit analysis to identify the optimal treatment approach for patients with the above conditions.

3. Interpret the results of postoperative patient monitoring to manage patients after bariatric or gastric procedures, focusing on
   a. Fluids and electrolytes
   b. Pain management
   c. Oxygenation (continuous pulse oximetry)

4. Interpret the results of postoperative monitoring to diagnose and manage complications after bariatric or gastric procedures, including
   a. Anastomotic leak (of gastrojejunostomy, jejunojejunostomy, or gastric remnant staple line)
   b. Bleeding (intraluminal versus intraabdominal)
   c. Acute gastric obstruction (band)
   d. VTE
   e. Soft tissue and deep infection
   f. Pneumonia

5. Using evidence-based medicine develop strategies to reduce the risk/incidence of perioperative complications after obesity surgery procedures and gastric procedures.

Gallbladder

1. Use the results of clinical evaluations and diagnostic imaging studies to identify the treatment options for patients with
   a. Biliary colic
   b. Biliary dyskinesia
   c. Choledocholithiasis

2. Perform a risk/benefit analysis to identify the optimal treatment approach for patients with the above conditions.

3. Interpret the results of postoperative monitoring to manage patient recovery after biliary procedures.

4. Interpret the results of postoperative monitoring to diagnose and manage complications after biliary procedures, including
   a. Bile leak
   b. Wound infection and deep infection

5. Using evidence-based medicine develop strategies to reduce the risk/incidence of perioperative complications after biliary surgery.
**Acute Abdomen**

1. Use the results of clinical evaluations and diagnostic imaging studies to identify the treatment options for patients with
   a. Appendicitis
   b. Pancreatitis
   c. Cholecystitis
   d. Small bowel obstruction
   e. Mesenteric or colonic ischemia
   f. Acute hernia
   g. Perforated viscus

2. Perform a risk/benefit analysis to identify the optimal treatment approach for patients with the above conditions.

3. Interpret the results of postoperative monitoring to manage patient recovery after emergency procedures for the above conditions.

4. Interpret the results of postoperative monitoring to diagnose and manage complications after emergency procedures for the above conditions including
   a. Intra-abdominal abscess after appendectomy, cholecystectomy, bowel resection
   b. Necrosis, pseudocyst formation or bleeding after pancreatectomy
   c. Ileus
   d. Anastomotic leak
   e. Bowel obstruction

5. Using evidence-based medicine develop strategies to reduce the risk/incidence of perioperative complications after surgical procedures for the above conditions

**Complex and/or Reoperative Surgery (including ventral hernia, enterocutaneous fistulas)**

1. Use the results of the diagnostic imaging studies to determine the treatment options for the above clinical conditions.

2. Perform a risk/benefit analysis to identify the optimal treatment for patients with the above conditions including
   a. The patient’s physiological tolerance for treatment
   b. The timing of definitive treatment

3. Interpret the results of postoperative monitoring to manage patient recovery after procedures for the above conditions

4. Interpret the results of postoperative monitoring to diagnose and manage complications after procedures for the above conditions, including
   a. Intra-abdominal abscess
   b. Ileus
   c. Anastomotic leak
   d. Bowel obstruction

**RESPONSIBILITIES & EXPECTATIONS**

1. Conduct rounds with the entire team at least once/day and oversee day-to-day patient care.

2. In the morning prior to beginning operative cases, round on all patients with issues of concern and on all patients planned for discharge that morning.

3. Discuss each patient’s status with the responsible attending daily.

4. Promptly notify the responsible attending of changes in patient status as directed by
   a. The rules of the specific institution
   b. The rules of the residency training program
   c. The rules of the Red Surgery Service Manual, including
      i. Any new consultation or admission.
      ii. Findings that suggest the possibility of a new diagnosis
      iii. Onset of new or recurrence of previously resolved congestive heart failure, cardiac arrhythmia, respiratory failure, oliguria, bleeding (drop in Hct > 3 units) or fever > 38.5°C.
      iv. Vomiting more than once within 12 hours
      v. Any change in level of care (i.e. transfer to or from the ICU)
vi. Need for more than one fluid bolus within 12 hours
vii. Any abnormal change in vital signs.
viii. Consideration of operation, blood transfusion, antibiotic therapy, or any invasive or expensive test (e.g., CT scan).
ix. Consideration of the need for a consultation.
x. Any sudden severe expressed concerns of the patient or family. For example, threats to the hospital, complaints about nurses or physicians, any really unusual events, etc.

5. Attend outpatient clinics one-half day/week.
6. Review all patient imaging studies—not just the reports—with the team and a radiologist as appropriate, particularly studies performed at other facilities.

MEDICAL KNOWLEDGE
GOALS & OBJECTIVES
Peptic Ulcer Disease
1. Describe and compare the surgical treatment of
   a. perforated anterior duodenal ulcer
   b. perforated prepyloric or pyloric channel ulcer
   c. perforated gastric body ulcer
2. Discuss the indications for performing a concomitant anti-ulcer procedure during operative repair of a perforated ulcer.
3. Describe the roles (indications for) endoscopy and surgical repair of
   a. bleeding posterior duodenal ulcer
   b. bleeding gastric body ulcer
   c. bleeding gastric cardia ulcer
   d. Mallory-Weiss tear
4. Discuss the modified Johnson classification of intractable ulcers

Gastric Cancer
1. Discuss the epidemiology and risk factors for gastric cancer
2. Describe the signs and symptoms of gastric cancer, defining the following and their significance
   a. Virchow’s node
   b. Sister Mary Joseph’s mass
   c. Blumer shelf mass,
   d. Krukenberg tumor
3. Compare the sensitivty and specificity of standard staging modalities: EGD, CT, EUS, PET, tumor markers.
4. Describe the staging system of gastric cancer.
5. Compare radical subtotal and total gastrectomy with respect to:
   a. proximal margin
   b. distal margin
   c. method of reconstruction (Billroth I versus Billroth II versus Roux-en-Y)
   d. need for frozen section
   e. lymph node yield
   f. D1 versus D2 lymphadenectomy
6. Discuss and analyze randomized trials of D1 versus D2 lymphadenectomy
7. Discuss and analyze randomized trials of neoadjuvant therapy.

Gastric GIST
1. Discuss malignant potential, including predictors
2. Describe the optimal evaluation of patients with GIST
3. Describe and compare treatment options

Gastric Carcinoid
1. Define type I, II, and III gastric carcinoids and the settings in which they arise.
2. Contrast the management approach for each type of gastric carcinoid.

**Bariatric**

1. Draw a picture of the following GI tract reconstruction procedures for obesity and label the intestinal lengths of:
   a. gastric bypass
   b. long-limb gastric bypass
   c. sleeve gastrectomy
   d. duodenal switch
   e. jejunoileal bypass

2. Compare the perioperative risks and mortality of gastric bypass, gastric banding, and sleeve gastrectomy.

3. Describe the diagnosis, incidence, and management of the following late complications of specific techniques of bariatric surgery
   a. Gastric bypass
      i. stricture of the gastrojejunostomy
      ii. marginal ulceration
      iii. gallstone disease
      iv. internal hernia (define Peterson’s defect)
      v. dumping syndrome
      vi. nutritional deficiency
   b. LapBand
      i. band erosion
      ii. gallstone disease
      iii. port-site infection
      iv. band slippage
      v. esophageal dilation / pseudoachalasia
      vi. psychological intolerance
      vii. nutritional difficulty
   c. Sleeve gastrectomy
      i. Leak
      ii. Stricture
      iii. GERD
      iv. nutritional deficiency

**Gallbladder**

1. Compare treatment options for choledocholithiasis
   a. ERCP + lap chole
   b. laparoscopic common bile duct exploration.

2. Discuss the role of intraoperative cholangiography during laparoscopic cholecystectomy, incorporating the sensitivity and specificity of non-invasive methods of diagnosing or predicting choledocholithiasis.

3. Define the significant surgical anatomy of an intraoperative cholangiogram.
   a. expected (normal) findings
   b. findings after CBD injury

4. Discuss gallbladder polyps
   a. incidence
   b. types
   c. management
   d. indications for cholecystectomy

**Acute Abdomen**

1. Appendicitis
   a. describe the complications and management of appendiceal
      ii. abscess
      iii. perforation
      iv. fistula
      v. infertility
vi. phlegmon  

vii. chronic appendicitis  

b. Discuss the incidence and management of appendiceal carcinoid

2. Pancreatitis  
   a. describe the management options for the following complications of acute pancreatitis  
      i. SIRS  
      ii. pseudocyst  
      iii. pancreatic necrosis  
      iv. retroperitoneal abscess  
   b. Compare results of early versus selective ERCP for biliary pancreatitis  
   c. Define the indications for pancreatic necrosectomy and compare the possible surgical approaches.  
   d. Discuss the relationship of the timing of surgery and mortality of acute severe pancreatitis.

3. Small bowel obstruction (SBO)  
   a. describe the management of SBO in the setting of  
      i. postoperative adhesions  
         1. early (within 2 weeks of surgery)  
         2. late  
         3. multiply recurrent  
      ii. acute hernia (incarcerated or strangulated)  
      iii. non-operated “virgin” abdomen  
      iv. Malignancy, including carcinomatosis  
      v. Prior radiation  
      vi. Inflammatory bowel disease  

4. Mesenteric or colon ischemia  
   a. Describe the signs and symptoms of ischemic and/or infarcted bowel  
   b. Describe the risk factors and clinical settings when mesenteric ischemia might occur.  
   c. Describe the 4 types of mesenteric ischemia: SMAT, SAME, NOMI, and MVT. compare the management of each.  
   d. Differentiate acute from chronic mesenteric ischemia.  
   e. Describe intraoperative techniques to assess intestinal blood flow and compare them: inspection, flourescein, second look laparotomy.

5. Acute hernia  
   a. How do you assess viability in a strangulated hernia?

6. Perforated viscus  
   a. Describe the differential diagnosis of abdominal free air and describe the management of each condition.

Complex and/or Reoperative Surgery (including ventral hernia, enterocutaneous fistulas)  
1. Enterocutaneous Fistulas  
   a. explain the importance of  
      i. control of the fistula  
      ii. control of infection  
      iii. protection of the skin  
      iv. fluid & electrolyte resuscitation  
      v. nutritional support  
   b. discuss the timing of definitive intervention

RESPONSIBILITIES & EXPECTATIONS  
1. organize the Red Surgery Service Conference.  
2. prepare and present an in-depth review of a patient’s illness at Red Surgery Conference with evidence-based recommendations for management.  
3. Briefly describe and discuss the complications that occurred during the prior week.

June 2010
TECHNICAL SKILLS
GOALS & OBJECTIVES
1. Competently tie one-handed and two-handed knots.
2. Competently tie intracorporeal knots using the Endostitch.
3. Competently perform at least 3 laparoscopic cholecystectomies.
4. Competently perform at least 3 laparoscopic appendectomies.
5. Competently perform at least 3 open ventral hernia repairs.
6. Competently close midline fascia at least 10 times.
7. First or second assist during at least 5 bariatric, laparoscopic hernia, or laparoscopic foregut procedures.
8. Perform or assist during other procedures performed on the service, including fistula takedown, pancreatic resection, bile duct exploration, gastrectomy, colectomy, abdominal wall reconstruction, etc.

RESPONSIBILITIES & EXPECTATIONS
1. Routinely scrub in the operating room on service operating days.
2. Assign residents and fellows to operative cases.
3. Review the list of pending operations for the next week at the Red Surgery Conference, including diagnosis and resident assigned.
4. Prior to scrubbing on any procedure or operation.
   a. Review the chart
   b. Review the pertinent diagnostic and planning studies
   c. Write a preoperative note
   d. Arrive in the operating room before induction of anesthesia

PRACTICE-BASED LEARNING AND IMPROVEMENT
GOALS & OBJECTIVES
1. Present and discuss complications in weekly service M&M conference.
2. Maintain a log of procedures performed and outcomes.

RESPONSIBILITIES & EXPECTATIONS
1. Meet with the faculty education representative at least three times during the rotation (beginning, midpoint, exit) to review goals & objectives.
2. Submit statistics and morbidity reports for the Departmental M&M Conference.

INTERPERSONAL & COMMUNICATION SKILLS
GOALS & OBJECTIVES
1. Maintain an appropriate balance with NPs with regard to delegation of duties and primary responsibility for patient care.

RESPONSIBILITIES & EXPECTATIONS
1. See UCSF Common Goals & Objectives

PROFESSIONALISM
GOALS & OBJECTIVES
1. See UCSF Common Goals & Objectives
2. See Red Surgery Service Manual

June 2010
RESPONSIBILITIES & EXPECTATIONS
1. enter workhours in E*Value by 9 AM daily

SYSTEMS-BASED PRACTICE
GOALS & OBJECTIVES
1. coordinate patient care including discharge and transfer within the health care system

RESPONSIBILITIES & EXPECTATIONS
1. participate in the process of patient transfer to UCSF.
2. participate in the management of a patient through the discharge process
   a. appropriate documentation of care for the primary physician
   b. appropriate referral to local specialists for follow-up management of health issues that developed during the UCSF treatment