

**Ronald Reagan UCLA Medical Center /Olive View-UCLA Medical Center Emergency Medicine Residency
Rotation Curriculum**

Rotation: Trauma Surgery (PGY1)

Site: Ronald Reagan UCLA Medical Center (RRMC)
8 West (8th floor, west wing of the hospital)
757 Westwood Plaza
Los Angeles, CA 90095

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Schedule: http://www.surgery.medsch.ucla.edu/resident/call_schedules.html
Under the "Trauma" section, click on the month of your rotation.

Description of Rotation

The Trauma rotation is a 4 week rotation. As surgical team members EM PGY1 residents provide care to patients sustaining major trauma and other acute surgical pathology. EM residents work alongside Surgery PGY1 residents, and are provided the same opportunities and have the same responsibilities as their surgical peers. Duties include:

1. All residents on the rotation will be part of the Trauma Team responding with specific time standard to all trauma codes (including all forms of blunt and penetrating trauma) activated in the field based on the existing activation criteria.
2. The surgery residents will be present and assist in trauma resuscitations in conjunction with the ED residents with the guidance and supervision of an attending physician at all times.
3. The surgery residents will assist and provide inpatient care including routine admissions and critical care of the severely injured and acute care surgery patients under the guidance and supervision of senior residents and attending physicians.
4. Residents will further participate in simple surgical operations as needed on these patients under direct supervision by the surgical faculty.
5. The rotating residents will participate in all Department of Surgery educational conferences and didactic presentations.
6. EM residents are required to participate in all educational activities offered to the Surgery residents.

Responsibilities

The Trauma Surgery Team is made up of 2 interns, a General Surgery R2, and a General Surgery Chief Resident (usually an R4 or an R5).

At night and on the weekends, the team consists of 1 intern, an R2, and your Chief Resident.

During the course of the day you will work most closely with your co-intern, so make sure that you all establish a good working relationship. Your Chief Resident will periodically call/meet with you for updates. On a typical day, you may only interact with the R2 and/or the attending at traumas.

Each day, one intern will be the trauma intern who will sign on to the trauma pager and go to all of the traumas. Nurses will usually just page the trauma intern pager for questions about patients, so the trauma intern will get numerous pages—just triage them to your co-intern if the questions are not about your patients for the day. The other intern will hopefully have a less stressful day. The interns are responsible for completing all discharge summaries.

Goals and Objectives

The rotation provides residents an opportunity to participate in the management of injured and critically ill patients and to teach them the principles of diagnosis and treatment of general surgical emergencies including trauma and surgical critical care patients.

The measureable competency objectives for the UCLA Ronald Reagan Medical Center Trauma Surgery rotation are:

A. Patient Care

1. Understand surgical pathology and be able to develop diagnostic and therapeutic plans for common trauma, acute care surgery, and surgical critical care diseases.
2. Perform simple surgical bedside or operating room procedures under the supervision of senior resident or attending physicians.
3. Be familiar with ethical issues such as informed consent, patient's rights, end of life issues, etc. commonly encountered in the care of injured and critically ill patients.
4. Develop surgical judgment and uniformly pay attention to fine details.
5. Make patient management plans and decisions for simple trauma and surgical critical care cases with attending staff involvement.
6. Evaluate and manage pre and postoperative acute care surgery, trauma, and critically ill surgical patients under the supervision of senior resident or attending physicians.
7. Read imaging studies commonly obtained for the treatment of acute care surgery patients.

B. Medical Knowledge

1. Understand surgical pathology and be able to develop diagnostic and therapeutic plans for common trauma, acute care surgery, and surgical critical care diseases.
2. Be familiar with the indications, anatomy, pathophysiology, technical details, and complications associated with all surgical procedures commonly performed in acute care surgery patients.
3. Become proficient in the evaluation and management of the following:
 - a. Trauma Systems and prehospital care
 - b. Organization prior to trauma patient arrival and coordination of resuscitation efforts
 - c. Trauma resuscitation in the ED
 - d. Patterns of Blunt and Penetrating injuries
 - e. Measurement of Injury Severity and scoring systems
 - f. Trauma Airway Management
 - g. Vascular access and emergency ED procedures
 - h. Imaging of Trauma Patients
 - i. Head injury
 - j. Injuries of the Spine and Spinal Cord
 - k. Treatment of Facial fractures and soft tissue injuries of the face

- l. Penetrating Neck Trauma
- m. Blunt Neck Trauma
- n. Thoracic injuries (overview and principles of treatment)
- o. Cardiac injuries including cardiac tamponade
- p. Esophageal injuries
- q. Tracheobronchial injuries
- r. Duodenum and pancreatic injuries
- s. Small and large bowel injuries
- t. Abdominal vascular injuries
- u. Abdominal compartment syndrome
- v. Damage control and open abdomen
- w. Genitourinary injuries
- x. Orthopedic injuries
- y. Pelvic fractures
- z. Extremity injuries and compartment syndrome
- aa. Rhabdomyolysis
- bb. Peripheral vascular injuries
- cc. Pain management, sedation, paralytics in the trauma patient
- dd. Blood transfusion, hemostasis and complications
- ee. Nutritional support and metabolism of the trauma patient
- ff. Support of the potential organ donor and brain death
- gg. Burns and inhalation injuries
- hh. Pediatric trauma and child abuse
- ii. Trauma in pregnancy
- jj. Geriatric trauma
- kk. Deep venous thrombosis, pulmonary embolism, prophylaxis, diagnosis, treatment
- ll. Fat embolism
- mm. Physiology of the critical care, Shock/ SIRS and Hemodynamic monitoring
- nn. Electrolyte abnormalities and AcidBase disorders
- oo. Neurological disorders in ICU

C. Practice Based Learning

1. Utilize current literature resources to obtain up-to-date information in the care of trauma, acute care surgery, and critically ill patients and practice evidence-based medicine.
2. Practice self study and professional growth with guidance from the teaching staff and senior residents.
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D. Professionalism

1. Responds promptly and appropriately to clinical responsibilities including but not limited to calls and pages.
2. Models appropriate professional behaviors in supervising and teaching medical students.
3. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English.

E. Interpersonal and Communication Skills

1. Be familiar with ethical issues such as informed consent, patient's rights, end of life issues, etc. commonly encountered in the care of injured and critically ill patients.

2. Communicate and collaborate effectively in a team of health care providers. Work effectively with other members of the medical team including allied health care personnel (nurses, clerical staff, etc.), fellow residents, and Medical students.
3. Create and sustain a therapeutic and ethically sound relationship with patients and patients' families.

F. Systems Based Practice

1. Know how to coordinate multispecialty and multidisciplinary trauma care practice including discharge planning, social service, rehabilitation, and long term care.
2. Demonstrate cost effective surgical care.
3. Participate in the educational weekly surgery conferences.

Assessment:

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Global Rating: end of rotation evaluation of resident performance with respect to the stated objectives by faculty, other team resident members, students, and nursing staff.
2. Patient Survey: performance will be assessed by patient surveys.