

**Medical College of Georgia Neurosurgery**

<p><b>PATIENT CARE</b></p> <p>Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:</p> <ol style="list-style-type: none"> <li><b>1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families</b></li> <li><b>2. Gather essential and accurate information about their patients</b></li> <li><b>3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment</b></li> <li><b>4. Develop and carry out patient Management plans</b></li> <li><b>5. Counsel and educate patients and their families</b></li> </ol>	<p><b>How does the program deliver the opportunity for resident(s) to develop this competency?</b></p> <p><b>1, 2, 5, 9.</b> Daily opportunities to practice and improve inter-personal and communication skills interacting with patients, patients and health care staff.</p> <p><b>2, 3 &amp; 4.</b> Daily opportunities to communicate with patients about their diagnosis and treatment plan.</p> <p><b>1, 2, &amp; 3.</b> Daily opportunities to develop professional approach while interacting with Patients and health care staff in the OR, on the floor and in the clinic.</p> <p><b>3, 6, 7 &amp; 8.</b> Morbidity and Mortality Conferences are held once a month to review missed information, inappropriate management, technical errors, etc.</p> <p><b>6.</b> Residents have access to Web-CT and MD Consult, which enables their medical education and provides information relevant to patient care.</p>	<p><b>How does the program measure the resident(s) development of this competency?</b></p> <p><b>3.</b> Mock Oral Exams.</p> <p><b>1 thru 9.</b> Residents Biannual evaluations and 360 evaluations – All residents, upon completion of each rotation, (or twice a year) complete 360 evaluation forms on their fellow residents, faculty complete evaluation forms upon completion of resident’s rotations, and nurses and secretaries complete evaluations on the residents.</p> <p><b>2 thru 8.</b> Faculty review charts, both formally and informally (chart reviews &amp; during clinic time), for writing skills.</p> <p><b>1, 5, 7 &amp; 9.</b> Professionalism and sensitivity of the residents is evaluated by direct observation by faculty on a daily basis.</p> <p><b>7.</b> Surgical case log is reviewed periodically to ensure adequate numbers and variety of cases.</p>	<p><b>How do you document the delivery and/or attainment of this competency by residents?</b></p> <p><b>1 thru 9.</b> Performance evaluations are completed every 6 months.</p> <p><b>1 thru 9.</b> Residents meet biannually quarterly with the program director.</p>
--	---	---	--

<p><b>6. Use information technology to support patient care decisions and patient education</b></p> <p><b>7. Perform competently all medical and invasive procedures considered essential for the area of practice</b></p> <p><b>8. Provide health care services aimed at preventing health problems or maintaining health</b></p> <p><b>9. Work with health care professionals, including those from other disciplines, to provide patient-focused care</b></p>	<p><b>6.</b> Information obtained from literature search, Journal Club, etc. is then applied to their patient population and monitored by faculty.</p>		
--	--	--	--

<p><b><u>MEDICAL KNOWLEDGE</u></b></p> <p>Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:</p> <ol style="list-style-type: none"> <li><b>1. Demonstrate and investigatory and analytic thinking approach to clinical situations</b></li> <li><b>2. Know and apply the basic and clinically supportive sciences which are appropriate to their discipline</b></li> <li><b>3. Analyze practice experience and perform practice-based improvement activities using a systematic methodology</b></li> <li><b>4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems</b></li> <li><b>5. Obtain and use information about their own population of patients and the larger population from which their patients are drawn</b></li> </ol>	<p><b>How does the program deliver the opportunity for resident(s) to develop this competency?</b></p> <p><b>1, 2, 3 &amp; 8.</b> Morbidity and mortality conferences are held once a month to review missed information, inappropriate management, technical errors, etc.</p> <p><b>1, 2, 3, 4 &amp; 6.</b> Residents present structured critical appraisals of articles verbally as part of their journal club responsibilities.</p> <p><b>1 thru 8.</b> Preparation for patient care.</p> <p><b>(E) 1, 2, 3, 4 &amp; 6.</b> The Residents are encouraged to present research papers at a variety of scientific meetings.</p> <p><b>1 thru 8.</b> Self-directed learning.</p>	<p><b>How does the program measure the resident(s) development of this competency?</b></p> <p><b>2, 5 &amp; 8.</b> Resident Performance Evaluation Form. (Biannual and 360)</p> <p><b>1 thru 8.</b> Skill will be evidence through journal club activities and through project described under system-based practice.</p> <p><b>1 thru 8.</b> Faculty supervisors evaluate the application of residents' knowledge daily as they supervise them in both in and outpatient settings.</p> <p><b>1, 2, 3, 4 &amp; 6.</b> Research presentations and publications.</p> <p><b>1, 2</b> Annual written board examination.</p>	<p><b>How do you document the delivery and/or attainment of this competency by residents?</b></p> <p><b>1, 6, &amp; 7.</b> Attendings and chief review and provide feedback on article reviews at journal clubs.</p> <p><b>1 thru 8.</b> Resident publications, presentations, board scores, and evaluations are discussed at the biannual meetings.</p>
---	---	---	--

<p><b>6. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness</b></p> <p><b>7. Use information technology to manage information, access on-line medical information; and support their own education</b></p> <p><b>8. Facilitate the learning of students and other health care professionals.</b></p>	<p><b>1 thru 8.</b> Feedback from attendings.</p> <p><b>3, 5, 6 &amp; 8.</b> Core and Curriculum Conferences.</p> <p><b>8.</b> Residents interact with 3<sup>rd</sup> and 4<sup>th</sup> year medical students rotating through neurosurgery.</p> <p><b>1, 3, 5 &amp; 6.</b> Information obtained from (literature search, Journal Club, etc.) is then applied to their patient population and monitored by their faculty supervisor in clinic.</p> <p><b>1, 2, 5, 6 &amp; 8.</b> Residents are expected to deliver atleast one lecture per year to their peers.</p> <p><b>1 &amp; 2.</b> Written board exam, administered annually.</p>		
---	--	--	--

**INTERPERSONAL AND COMMUNICATION SKILLS**

**Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:**

- 1. Create and sustain a therapeutic and ethically sound relationship with patients**
- 2. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills**
- 3. Work effectively with others as a member or leader of a health care team or other professional group**

**How does the program deliver the opportunity for resident(s) to develop this competency?**

**1 & 2.** Residents observe faculty interacting with patients on a daily basis.

**1, 2 & 3.** Daily opportunities to practice and improve interpersonal and communication skills interacting with patients and health care staff.

**1, 2 & 3.** Daily opportunities to develop professional, ethical, and humanistic approach while interacting with patients and health care staff.

**2.** Daily opportunities to communicate about patients by writing in patient chart.

**1, 2 & 3.** Neurosurgery Curriculum Conference series is designed to have all residents prepare presentations and teaching sessions directed to all levels of residents. This allows for effective listening skills and eliciting and providing explanatory, questioning, and writing skills.

**How does the program measure the resident(s) development of this competency?**

**1, 2 & 3.** Residents Biannual evaluations and 360 evaluations – All residents, upon completion of each rotation, (or twice a year) complete 360 evaluation forms on their fellow residents, faculty complete evaluation forms upon completion of resident’s rotations, and nurses and secretaries complete evaluations on the residents.

**2.** Faculty review charts, both formally and informally (chart reviews & during clinic time), for writing skills.

**How do you document the delivery and/or attainment of this competency by residents?**

**1, 2 & 3.** Performance evaluations are completed every 6 months.

**1, 2 & 3.** Residents meet biannually quarterly with the program director.

**PROFESSIONALISM**

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- 1. demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development**
- 2. demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices**
- 3. demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities**

**How does the program deliver the opportunity for resident(s) to develop this competency?**

- 1, 2 & 3.** Professionalism is modeled by faculty, chief resident, nurses, preceptors, etc.
- 1, 2 & 3.** Daily opportunities to develop professional and ethical approach while interacting with patients and health care staff in OR, on the floor and Clinic.
- 3.** Faculty discuss issues related culture, age, gender and disability when in the clinical setting.

**How does the program measure the resident(s) development of this competency?**

- 1, 2 & 3.** Professionalism, adherence to ethical principles, and sensitivity of the residents is evaluated by direct observation by faculty on a daily basis.
- 1, 2 & 3.** Residents Biannual evaluations and 360 evaluations – All residents, upon completion of each rotation, (or twice a year) complete 360 evaluation forms on their fellow residents, faculty complete evaluation forms upon completion of resident's rotations, and nurses and secretaries complete evaluations on the residents.

**How do you document the delivery and/or attainment of this competency by residents?**

- 1, 2 & 3.** Performance evaluations are completed every 6 months.
- 1, 2 & 3.** Residents meet biannually quarterly with the program director.

<p><b>PRACTICE-BASED LEARNING &amp; IMPROVEMENT</b></p> <p><b>Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:</b></p> <ol style="list-style-type: none"> <li><b>1. analyze practice experience and perform practice-based improvement activities using a systematic methodology</b></li> <li><b>2. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems</b></li> <li><b>3. obtain and use information about their own population of patients and the larger population from which their patients are drawn</b></li> <li><b>4. apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness</b></li> </ol>	<p><b>How does the program deliver the opportunity for resident(s) to develop this competency?</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Morbidity and Mortality Conferences are held once a month to review missed information, inappropriate management, technical errors, etc.</li> <li><b>2.</b> Preparation for and participation in evidence-based Journal Club.</li> </ol> <p><b>1, 2, 3 &amp; 4.</b> Residents present structured critical appraisals of articles verbally as part of their journal club responsibilities.</p> <p><b>2, 3, 4 &amp; 5.</b> Preparation for patient care.</p> <p><b>3 &amp; 4.</b> The Residents are encouraged to present research papers at a variety of scientific meetings.</p> <p><b>3 &amp; 4.</b> Monthly Journal Clubs are used as an avenue to discuss research design and statistical analysis.</p> <p><b>3 &amp; 4.</b> Didactic lectures by faculty.</p>	<p><b>How does the program measure the resident(s) development of this competency?</b></p> <p><b>1 thru 6.</b> Resident Performance Evaluation Form.</p> <p><b>5.</b> Skill will be evidence through journal club activities and through project described under system-based practice.</p> <p><b>6.</b> Medical students at the end of each clerkship rotation.</p>	<p><b>How do you document the delivery and/or attainment of this competency by residents?</b></p> <p><b>2 &amp; 4.</b> Attendings and chief review and provide feedback on article reviews at journal club.</p> <p><b>1 &amp; 3.</b> Performance evaluations are completed every 6 months.</p> <p><b>1 &amp; 3.</b> Residents meet biannually quarterly with the program director.</p>
---	---	--	--

<p><b>5. use information technology to manage information, access on-line medical information; and support their own education</b></p> <p><b>6. facilitate the learning of students and other health care professionals</b></p>	<p><b>5. Self-directed learning.</b></p> <p><b>5. Feedback from attendings.</b></p> <p><b>6. Core and Curriculum Conferences.</b></p>		
---	---	--	--

<p><b>SYSTEMS-BASED PRACTICE</b></p> <p>Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:</p> <ol style="list-style-type: none"> <li><b>1. understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice</b></li> <li><b>2. know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources</b></li> <li><b>3. practice cost-effective health care and resource allocation that does not compromise quality of care</b></li> </ol>	<p><b>How does the program deliver the opportunity for resident(s) to develop this competency?</b></p> <p><b>1 thru 5.</b> Healthcare 101, a Practice Management course developed at MCG, is required for residents.</p> <p><b>1 thru 5.</b> These issues are discussed frequently in resident didactics to create awareness of cost without reducing quality.</p> <p><b>1 thru 5.</b> Faculty, serving as role models, afford an opportunity for residents to witness cost-effective healthcare in practice.</p>	<p><b>How does the program measure the resident(s) development of this competency?</b></p> <p><b>1 thru 5.</b> Faculty supervisors monitor residents' understanding of patient care and how it directly affects the system.</p> <p><b>1 thru 5.</b> Residents are able to view different practice styles as they are supervised by different faculty.</p> <p><b>1 thru 5.</b> As faculty supervise residents in the inpatient and outpatient settings, discussions of cost-effective healthcare are an active part of that discussion.</p> <p><b>1 thru 5.</b> As faculty supervise residents, they can review how the resident is handling quality of care issues, etc.</p> <p><b>1 thru 5.</b> Knowing how and when to refer is one of the most critical components of residency. Faculty supervisors discuss this issue with residents on a daily basis.</p>	<p><b>How do you document the delivery and/or attainment of this competency by residents?</b></p> <p><b>4 &amp; 5.</b> Residents meet biannually quarterly with the program director.</p> <p><b>1 thru 5.</b> Faculty supervisory evaluations in the inpatient and outpatient setting reflect the level of resident understanding of this competency.</p>
---	---	---	---

<p><b>4. advocate for quality patient care and assist patients in dealing with system complexities</b></p> <p><b>5. know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and now how these activities can affect system performance</b></p>	<p><b>1 thru 5.</b> Residents regularly deal with a multi-system, multi-task health care arena that provides them ample opportunities, if sought after, with understanding the components of well thought out patient management and efficient health care delivery system with effective cost management and quality medical care.</p> <p><b>1 thru 5.</b> Daily opportunities to be a patient advocate and provide information and coordination to the patient for his or her own understanding and ability to deal with the multifaceted and sometimes problematic dealings with health care managers and providers.</p>		
---	---	--	--

6-24-03