

| Level of Training | Surgical Service / Competency | Milestone Level Assigned |
|----------------------|--|-----------------------------|
| PGYIV & V | COLON-RECTAL SURGERY (CRS) – MEDICAL KNOWLEDGE | |
| | Comprehensive knowledge of the surgical treatment of colon and rectal disease processes including the indications, contraindications, surgical options, and complications. | |
| | Comprehensive knowledge of complex anorectal disease processes and the possible methods of treatment. | |
| | Comprehensive knowledge of the diagnosis and management of the complications of surgical treatment of colon and rectal disease. | |
| | Comprehensive knowledge of the anatomy, pathology, and pathophysiology of the colon, rectum, and anus. | |
| | Clear understanding of pathophysiology, staging, surgical treatment options, and possible complications related to colon and rectal cancer. | |
| | Understand pathophysiology, treatment, surgical options and possible complications related to the treatment of diverticular disease. | |
| | Understands pathophysiology, treatment, surgical options and possible complications related to the treatment of IBD. | |
| PGYIV & V | COLON-RECTAL SURGERY (CRS) – PATIENT CARE | |
| | Increased skill in laparoscopic colon resection. | |



| | Proficiency in performing a proper oncologic colon/rectum resection. | |
|-----------|---|--|
| | Competency in evaluating and treating patients with hemorrhoids, anal fissures, complex fistula disease, hidradenitis, anal condyloma, and pilonidal disease. | |
| | Ability to perform appropriate operations for inflammatory bowel disease. (IPAA vs. TAC vs. segmental resection vs. ileocolic resection.) | |
| | Ability to perform colonoscopy with polypectomy. | |
| | Ability to perform a laparoscopic right hemicolectomy. | |
| | Demonstrate ability to perform a proper oncologic left colon resection. | |
| PGYIV & V | COLON-RECTAL SURGERY (CRS) – PRACTICE-BASED LEARNING | |
| | Familiarity with the literature regarding surgical management of malignancy including areas of controversy is also expected. | |
| | Residents must demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. | |
| | Residents are expected to develop skills and habits to be able to meet the following goals: a) Identify strengths, deficiencies, and limits in one's knowledge and expertise; b) Set learning and improvement goals; | |
| | c) Identify and perform appropriate learning activities;d) Systematically analyze practice using quality improvement methods, and implement | |



| | f) Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; g) Use information technology to optimize learning; h) Participate in the education of patients, families, students, residents and other health professionals; i) Participate in mortality and morbidity conferences that evaluate and analyze patient care outcomes; j) Utilize an evidence-based approach to patient care. Residents are expected to attend surgical oncology and breast clinics as assigned the equivalent of at least one full day a week, as well as the Multidisciplinary Solid Tumor Conference as assigned weekly. | |
|-----------|--|--|
| PGYIV & V | COLON-RECTAL SURGERY (CRS) – INTERPERSONAL AND COMMUNICATION SKILLS | |
| | Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. | |
| | Residents are expected to: a) Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; b) Communicate effectively with physicians, and other health professionals, and health-related agencies; c) Work effectively as a member of a health care team or other professional group; d) Act in a consultative role to other physicians and health professionals; e) Maintain comprehensive, timely, and legible medical records, if applicable; f) Counsel and educate patients and families; g) Effectively document practice activities. | |
| | The resident is expected to: a) Instruct medical students and junior residents about the preoperative and postoperative care of surgical patients and the principles of surgery. | |



| | b) Demonstrate the ability to teach junior house staff basic surgical skills and assist them with introductory-level cases. c) The Chief resident must display leadership skills and the ability to run an effective multilevel service with numerous residents and medical students on the service. | |
|-----------|---|--|
| | d) Demonstrate organization, time management and administrative skills for managing a team of residents and students. | |
| PGYIV & V | COLON-RECTAL SURGERY (CRS) – PROFESSIONALISM | |
| | Resident is expected to demonstrate: | |
| | a) Compassion, integrity, and respect for others; | |
| | b) Responsiveness to patient needs that supersedes self-interest; | |
| | c) Respect for patient privacy and autonomy; | |
| | d) Accountability to patients, society, and the profession; | |
| | e) Sensitivity and responsiveness to a diverse patient population. | |
| | Demonstrate commitment to carrying out professional responsibilities and an adherence to | |
| | ethical principles. | |
| PGYIV & V | COLON-RECTAL SURGERY (CRS) – SYSTEMS-BASED PRACTICE | |
| | Works effectively in various health care delivery settings and systems relevant to the clinical specialty. | |
| | Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate. | |
| | Advocate for quality patient care and optimal patient care systems. | |
| | Work in interprofessional teams to enhance patients safety and improve patient care quality. | |
| | Demonstrate knowledge of risk-benefit analysis. | |
| | Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management. | |