Family Medicine Residency
Surgery Rotation
Dr. Scott Sadler (updated February 2026)

Rotation Goal

The overall goal for the educational experience provided in the areas of general surgery, trauma surgery, office orthopedic surgery and sports medicine, office ENT surgery, office urology, and office ophthalmology will be that residents acquire fundamental knowledge and technical proficiency in the surgical procedures commonly performed by family physicians in the Southeast, particularly in more rural areas. They should understand the principles of surgical management of disease and gain competence in recognizing, diagnosing, and appropriately referring patients with surgical problems.

During this rotation, residents should achieve the following goals:

1. Residents should develop skills necessary to obtain an appropriate history and physical on patients with surgical conditions.
2. Residents should develop the ability to build a list of differential diagnoses on patients with surgical conditions.
3. Residents should be able to initiate appropriate treatment on patients with surgical problems.
4. Manage preoperative evaluation of patients needing surgery, including initial resuscitation, evaluation and stabilization of acute emergencies and referral for major surgery.
5. Assist in the management of post-operative care including medical and surgical complications for patients who have undergone surgery.
6. Residents should gain a better understanding of the role of the primary care physician in the care of patients with surgical conditions.
7. Residents should gain a better understanding of the appropriate role of surgical subspecialists in the care of patients with surgical problems.

Residents will receive exposure to various aspects of surgical care of patients in a variety of different settings. These settings are listed below.

Surgical Experiences

1. **General Surgery Rotation** – During the general surgery experience, family medicine residents should gain an understanding of the evaluation of general surgery cases and the special pre-operative and post-operative care they require.
    a. Address: Jackson Surgical Associates
    395 Hospital Blvd.
    Jackson, TN 38305
    Phone #:(731) 664-7395
    b. Supervisors: Dr. Garrison Smith

    c. Rotation Structure – At the PGY 1 level each resident will be required to spend two four-week blocks on a general surgery rotation. Family medicine residents will be assigned to an attending surgery faculty member throughout the rotation.
        i. Two four-week blocks during the PGY-1 year.
        ii. During these block rotations, residents will continue to work one to two half-days per week in the continuity clinic in the UT Family Medicine Center.

iii. During these block rotations, residents are encouraged to attend didactic sessions whenever possible.
iv. Through these two four-week block rotations, residents should receive a minimum of 200 hours of exposure to general surgery.

d. Responsibilities
   i. Residents should review the Residency Master Schedule to determine the exact times and dates that they are to work with their surgical preceptor.
   ii. One week prior to the beginning of the rotation, residents should contact their preceptor to determine a location and time to meet their preceptor.
   iii. Residents should participate in the care of patients with surgical problems.
   iv. Residents should learn to evaluate patients with surgical problems.
   v. Residents should be able to develop a list of differential diagnoses for patients with surgical problems.
   vi. Residents should be able to formulate an initial treatment plan for these patients.
   vii. Residents should gain a better understanding of the appropriate role of primary care physicians in the care of patients with surgical problems.
   viii. Residents should gain a better understanding of the appropriate role of surgical subspecialists in the care of patients.
   ix. Residents will assist their surgery preceptor in the operating room whenever possible.
   x. Residents will assist in various outpatient surgery clinics.

2. **Elective in Trauma Surgery** – Residents have the opportunity to participate in the care of trauma patients during their Emergency Room experiences but can also gain additional experience by doing an elective rotation in Trauma Surgery. The curriculum for this elective is available for residents interested in this elective.

3. **Orthopedic Surgery and Sports Medicine** – Residents will be exposed to Orthopedic Surgery and Sports Medicine during structured rotations in these areas. Curricula for these two rotations are available for residents.

4. **Otolaryngology** – Residents will be exposed to Otolaryngology during a two-week block rotation in the PGY-1 year. The curriculum for this rotation is available for residents.

5. **Ophthalmology** – Residents will be exposed to Ophthalmology during a two-week block rotation in the PGY-3 year. The curriculum for this rotation is available for residents.

6. **Urology** – Residents will be exposed to Urology during a two-week block rotation in the PGY-3 year. The curriculum for this rotation is available for residents.

7. **Longitudinal Care of Patients with Surgical Problems** – Residents will participate in the longitudinal care of patients with surgical problems through their care of patients in the UT Family Medicine Center and at Jackson Madison County General Hospital.

a. UT Family Medicine Center – Residents will see continuity patients at the UT Family Medicine Center who require additional care by surgical specialists. Residents will refer these patients to the appropriate specialist but will continue to provide care for these patients in conjunction with the surgical specialist.
b. Jackson Madison County General Hospital – Residents will see patients at JMCGH who require additional care by surgical specialists. Residents will consult the appropriate specialist but will continue to provide care for these patients in conjunction with the surgical specialist. Periodically, surgical specialists will consult the UT Family Medicine service to assist them in their care of patients. Residents on the UT Family Medicine Inpatient service will perform pre-operative risk assessment and also assist the specialist in management of the patient's medical problems.

Supervision

Direct observation is provided by supervising physicians.

Rotation Objectives

By the end of the Surgery rotation, PGY- residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	**SPECIALTY SPECIFIC OBJECTIVES**			
	Under direct supervision, perform the following procedural skills including but not limited to: 1. Incision of drainage of a lesion 2. Tissue biopsy 3. Fine needle aspiration 4. Excision of superficial skin lesions and cysts 5. Removal of a superficial foreign body 6. Paracentesis 7. Thoracentesis 8. Central venous catheterization 9. Chest tube placement 10. Arterial puncture 11. Treatment of first degree, second degree and minor third degree burns. 12. Minor debridement of wounds 13. Proper suture technique including: a. Interrupted stitches b. Running stitch c. Simple closure	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually

	d. Multiple layer closure			
	Develop skills that allow for up to date, compassionate care of patients with surgical problems while integrating evidence based medicine, local standards of care, nationally defined quality care markers and specialty recommendations upon consultation.	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Perform an adequate history and physical examination on patients with surgical problems.	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Formulate a differential diagnosis on these patients and arrive at a diagnosis	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Initiate appropriate care for these patients in a timely manner	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Determine which patients need further evaluation by a specialist	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Perform pre-operative risk assessments on patients prior to surgery	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Assess patients who may need surgery, including evaluation of: 1. Abdominal pain 2. Varicose veins 3. Gastrointestinal disturbances 4. Orthopedic disorders 5. Ophthalmologic disturbances 6. Breast lumps 7. Anorectic disorders 8. Hernias 9. Ear, nose and throat disorders	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually

	10. Genito-urinary disorders			
Medical Knowledge	**SPECIALTY SPECIFIC OBJECTIVES**			
	Develop basic knowledge of the following topics relevant to the care of surgical patients: 1. Normal anatomy and physiology. 2. The pathophysiologic basis of common surgical problems. 3. History and physical assessment relative to surgical intervention. 4. Indications for and contraindications to various common surgical procedures. 5. Ethical consideration relative to surgical intervention (quality and quantity of life, alleviation of pain, informed consent, etc.) 6. Principles of sterile technique and use of basic surgical instruments. 7. Wound physiology and the healing process.	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Develop and apply the following knowledge and skills to provide appropriate pre-operative care to surgical patients: 1. Understand diagnostic features that indicate the need for surgery 2. Understand appropriate laboratory and radiologic modalities that can be used to determine need for surgery 3. Assessment of pre-operative risk. 4. Understanding of medical conditions that can impact surgical risk (e.g. diabetes, heart disease, blood dyscrasias, etc.) 5. Fluid and electrolyte balance. 6. Anticipated blood requirements for surgery 7. Bowel preparation for surgery 8. Nutritional status and requirements	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Develop and apply the following knowledge to the post operative care of surgical patients: 1. Normal Post-operative Care a. Electrolyte, acid/base and fluid balance	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually

	b. Appropriate use of antibiotics c. Appropriate use of analgesics d. Wound care e. Nutritional requirements f. Physical activity g. Bowel function h. Kidney function i. Management of suctions and drains 2. Post-Operative Complications a. Behavioral abnormalities b. Fever c. Pneumonia d. Atelectasis e. Deep venous thrombosis & pulmonary embolism f. Wound dehiscence and infection g. Ileus h. Transfusion reaction i. Hemorrhage and shock j. Thrombophlebitis k. Nutritional compromise l. Urinary retention and oliguria m. Urinary tract infection			
Practice Based Learning and Improvement	**SPECIALTY SPECIFIC OBJECTIVES**			
	See General Family Medicine Objectives for a comprehensive list.			
	Develop tools to help meet the needs of patients	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Recognize own level of competence in handling urologic problems and the need for further consultation as appropriate.	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Incorporate evidence based medicine and resources into the pre and post operative care of surgical patients.	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually

Interpersonal and Communication Skills	**SPECIALTY SPECIFIC OBJECTIVES**			
	See General Family Medicine Objectives for a comprehensive list.			
	Communicate effectively with patients and their families while in the presence of their daily preceptor.	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Convey information in a clear and concise manner to patients, families, and other health professionals (i.e., use appropriate vocabulary choice, realistic outcomes, and working with difficult patients and family)	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	When consulted for pre-operative clearance or for medical management of surgical patients, residents should be able to provide effective consultative recommendations to requesting physicians.	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
Professionalism	**SPECIALTY SPECIFIC OBJECTIVES**			
	See General Family Medicine Objectives for a comprehensive list.			
	Provide compassionate and high quality care to all patients regardless of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Determine best methods for consultation of subspecialty physicians while caring for the surgical patient	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Behave in a professional manner when interacting with patients or other health care providers.	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
Systems-Based Practice	**SPECIALTY SPECIFIC OBJECTIVES**			
	See General Family Medicine Objectives for a comprehensive list.			
	Incorporate considerations of cost awareness and risk-benefit analysis in patient care	Conferences/Didactics Daily Rounds Research Discussions	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually

		Self Directed Learning		
	Advocate for quality patient care and optimal patient care systems	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually
	Develop an understanding of the role of the primary care physician and the surgical specialists in the care of surgical patients	Conferences/Didactics Daily Rounds Research Discussions Self Directed Learning	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually

Educational Resources

1. Sabiston Textbook of Surgery by Courtney M. Townsend, R. Daniel Beauchamp, B. Mark Evers and Kenneth Mattox
2. Current Surgical Diagnosis and Treatment by Lawrence W. Way and Gerard M. Doherty
3. Procedures for Primary Care Physicians by John Pfenninger and Grant Fowler
4. American Family Physician Journal
5. www.UpToDate.com
6. www.emedicine.com