



**THE AMERICAN  
BOARD OF SURGERY**

# **GENERAL SURGERY ENTRUSTABLE PROFESSIONAL ACTIVITIES CLINICAL COMPETENCY COMMITTEE GUIDE**

This document is intended to be a resource for general surgery program Clinical Competency Committees (CCCs) to utilize when reviewing trainee performance with the aid of Entrustable Professional Activities (EPAs) data.

Each EPA phase of care has been linked to the related ACGME Surgery Milestones and can be found in the included tables.

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## **MILESTONE KEY:**

PC - Patient Care

MK - Medical Knowledge

SBP - Systems-Based Practice

PBLI - Practice-Based Learning and Improvement

PROF - Professionalism

ICS - Interpersonal and Communication Skills

For a listing of ACGME surgery milestones, please see this document.

(<https://www.acgme.org/globalassets/pdfs/milestones/surgerymilestones.pdf>)



## CCC Guide

### Evaluation and Management of a Patient with an Abdominal Wall Hernia

#### Description of the Activity

Patients with abdominal wall bulging or abdominal wall hernias are frequently referred to general surgeons. The general surgeon must be able to evaluate patients presenting with these conditions and provide operative and nonoperative management. Surgeons should collaborate with anesthesia staff, nursing staff, and other perioperative health care professionals to create and maintain an environment that promotes patient-centered care.

#### In Scope

- Primary umbilical hernia repair/ventral hernia repair
- Incisional hernia
- Recurrent incisional hernia
- Laparoscopic/MIS repair
- Open hernia repair
- Component Separation

#### Out of Scope

- Rare abdominal wall hernias (eg, Spigelian)
- Parastomal hernia
- Complex abdominal wall reconstruction

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	PC1 L1 MK2 L1 ICS1 L1 PBL1 L1	PC2 L1 PC3 L1 MK2 L2	PC4 L1 ICS1 L1
2 Direct Supervision	PC1 L2 MK2 L2 PBL1 L2 ICS1 L2	PC2 L2 PC3 L2	PC4 L2 ICS1 L2
3 Indirect Supervision	PC1 L3 MK2 L3 ICS1 L3	PC2 L3 PC3 L3 MK2 L3	PC4 L3 ICS1 L3 MK2 L3
4 Practice Ready	PC1 L4 MK2 L4 PBL1 L4 ICS1 L4	PC2 L4 PC3 L4 MK2 L4 PBL1 L4	PC4 L1 ICS1 L4



## CCC Guide

### Evaluation and Management of a Patient with Benign or Malignant Colon Disease

#### Description of the Activity

General surgeons are often called upon to evaluate patients presenting with benign or malignant diseases of the colon in the inpatient, outpatient, and emergency department (ED) settings. Patients may present without symptoms in the elective setting or more acutely with perforation, obstruction, or bleeding requiring urgent intervention in the ED; therefore, these surgeons must be able to diagnose and treat a variety of conditions to provide patient-centered care.

#### In Scope

- Colonic polyps not amenable to endoscopic resection
- Colonic bleeding
- Large bowel obstruction, including volvulus, stricture, and Ogilvie syndrome
- Diverticulitis (complicated, uncomplicated)
- Colitis (Crohn's, ulcerative, ischemic, infectious)
- Colon malignancy

#### Out of Scope

- Hereditary colon cancers
- Polyposis syndromes
- Colonic inertia
- Hirschsprung disease

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	MK1 L1 PC1 L1 SBP2 L1 SBP1 L1	PC2 L1	PC4 L1 SBP1 L1 SBP2 L1 PC4 L1
2 Direct Supervision	MK1 L2 PC1 L2 PC1 L2 SBP1 L2 SBP2 L2	PC2 L2	PC4 L2 SBP2 L2 SBP1 L2
3 Indirect Supervision	MK1 L3 PC1 L3 SBP1 L3 SBP2 L3	PC2 L3	PC4 L3 SBP1 L3 SBP2 L3
4 Practice Ready	MK1 L4 PC1 L4 SBP1 L4 SBP2 L4	PC2 L4	PC4 L4 SBP2 L4 SBP1 L4



## CCC Guide

### Evaluation and Management of a Patient with Small Bowel Obstruction

#### Description of the Activity

General surgeons encounter patients with small bowel obstruction (SBO) in the emergency department, inpatient, and outpatient settings. They are expected to manage or assist with the management of adult and pediatric patients presenting with SBO due to any etiology.

#### In Scope

- Initial evaluation and management of all adult patients and children older than 5 years presenting with SBO
- Intraoperative management of SBO secondary to adhesive disease

#### Out of Scope

- Children younger than 5 years

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	MK1 L1 PC1 L1 ICS1 L1 PROF1 L1	MK1 L1 PC3 L1	PC4 L1 ICS 1 L1
2 Direct Supervision	PC2 L2 MK1 L2 PC1 L2 ICS1 L2 PROF1 L2	PC3 L2 PC2 L2	ICS1 L2 PC4 L2
3 Indirect Supervision	PC1 L3 MK1 L3 ICS1 L3 PROF1 L3	MK1 L3 PC3 L3	PC4 L3 ICS1 L3
4 Practice Ready	MK1 L4 PC1 L4 ICS1 L4 PROF1 L4	MK1 L4 PC3 L4	PC4 L4 ICS1 L4



## CCC Guide

# Evaluation and Management of a Patient with Severe Acute or Necrotizing Pancreatitis

### Description of the Activity

General surgeons are often called to evaluate patients in the emergency department or inpatient setting with severe acute or necrotizing pancreatitis and its sequelae. These surgeons must evaluate and manage patients who present in the acute setting as well as those who present with complications of acute or necrotizing pancreatitis, such as abdominal compartment syndrome, infected necrosis, bleeding, pseudocyst, or walled-off pancreatic necrosis.

### In Scope

- Acute necrotizing pancreatitis
- WOPN
- Infected necrosis
- Step-up approach to care for severe pancreatitis
- Nutrition management
- Gastric outlet obstruction
- Timing of cholecystectomy (when indicated)
- Biliary obstruction secondary to severe pancreatitis
- Abdominal compartment syndrome

### Out of Scope

- Pancreatic debridement
- Acute edematous pancreatitis
- Chronic pancreatitis

### Milestone Table:

	Evaluation	Management	
1 Limited Participation	MK1 L1 PC1 L1 ICS1 L1	MK1 L1 PC1 L1 PBL1 L1	SBP2 L1 ICS2 L1 ICS1 L1
2 Direct Supervision	PC1 L2 MK1 L2 ICS1 L2	MK1 L2 PC1 L2 ICS1 L2	PBL1 L2 ICS2 L2 SBP2 L3
3 Indirect Supervision	MK1 L3 PC1 L3 ICS1 L3	PC1 L3 PBL1 L3 ICS2 L3	ICS1 L3 SBP2 L3 MK1 L3
4 Practice Ready	MK1 L4 PC1 L4 IC1 L4	MK1 L4 PC1 L4 PBL1 L4	ICS2 L4 SBP2 L4 ICS1 L4



## CCC Guide

### Evaluation and Management of a Patient Needing Renal Replacement Therapy

#### Description of the Activity

General surgeons are commonly called to evaluate patients with chronic kidney disease in need of renal replacement therapy (RRT).

#### In Scope

- Hemodialysis access in adult patients needing RRT

#### Out of Scope

- Pediatric patients
- Complicated permanent hemodialysis access (eg, lower limb, chest wall)
- Management of central venous stenosis
- Technical execution of endovascular procedures
- Permanent hemodialysis access revision procedures

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	MK1 L1 MK2 L1 ICS1 L1 ICS2 L1 PC1 L1 SBP3 L1	MK2 L1 PC2 L1 ICS2 L1	PC4 L1 MK2 L1 ICS1 L1 SBP3 L1
2 Direct Supervision	PC1 L2 MK2 L2 MK1 L2 ICS1 L2 ICS2 L2 SBP3 L2	MK2 L2 PC2 L2 ICS2 L2 PC3 L2	PC4 L2 MK2 L2 SBP3 L2
3 Indirect Supervision	MK1 L3 PC1 L3 ICS1 L3 ICS2 L3 SBP3 L3	PC3 L3 MK2 L3 ICS2 L3	PC4 L3 MK2 L3 SBP3 L3
4 Practice Ready	PC1 L4 MK1 L4 ICS1 L4 ICS2 L4 SBP3 L4	MK2 L4 ICS2 L4 PC2 L4 PC3 L4	PC4 L4 MK2 L4 SBP3 L4 ICS2 L4



## CCC Guide

### Evaluation and Management of a Patient with Benign Anorectal Disease

#### Description of the Activity

General surgeons are frequently called upon to evaluate and manage benign anorectal disease in the inpatient, outpatient, and emergency department settings. Anorectal disease is a source of great patient morbidity. Surgeons must be able to provide patient-centered care and treatment for the most commonly seen anorectal conditions and recognize complex disease that requires specialist referral.

#### In Scope

- Anal fissure
- Anal abscess
- Anal fistula
- Anal anesthesia
- Hemorrhoid disease
- Perianal condyloma

#### Out of Scope

- Rectovaginal fistula
- Anal sexually transmitted infections other than condyloma
- Anorectal malformations
- Pediatric anorectal disease
- Fecal incontinence
- Anal dysplasia
- Anal or rectal cancer
- Rectal prolapse
- Pruritus ani
- Pilonidal cyst/abscess
- Hidradenitis

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	ICS1 L1 MK1 L1 PC1 L1	MK2 L1 PC3 L1	PC4 L1 ICS1 L1
2 Direct Supervision	ICS1 L2 PC1 L2 MK2 L2 PC3 L2	MK2 L2 PC3 L2	ICS1 L2 PC4 L2
3 Indirect Supervision	ICS1 L3 MK1 L3 PC1 L3 PC3 L3	PC3 L3	ICS1 L3 PC4 L3
4 Practice Ready	ICS1 L4 MK1 L4 PC1 L4 PC3 L4 PC4 L4	PC3 L4	ICS1 L4 PC4 L4



## CCC Guide

### Flexible GI Endoscopy

#### Description of the Activity

The use of flexible gastrointestinal (GI) endoscopy is essential in general surgery practice. Although it is primarily used by surgeons as a diagnostic tool, many therapeutic maneuvers have been developed. General surgeons should be able to evaluate and manage patients needing flexible endoscopy in an outpatient or inpatient setting.

#### In Scope

- EGD
- Flexible sigmoidoscopy
- Colonoscopy
- Biopsy, polypectomy, and tattooing of lesions
- Foreign body
- Workup of upper and lower GI bleeding

#### Out of Scope

- Proctoscopy
- Bronchoscopy
- Advanced therapeutic maneuvers (variceal banding, sphincterotomy)
- Inflammatory bowel disease (Crohn's disease, ulcerative colitis)

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	ICS1 L1 ICS2 L1 PC1 L1 PBLI1 L1	PC3 L1 MK2 L1	ICS2 L1 PBLI1 L1 PBLI2 L1
2 Direct Supervision	ICS1 L2 ICS2 L2 PC1 L2 PBLI1 L2	PC3 L2 MK2 L2 PC2 L1	PBLI1 L2 PBLI2 L2 ICS2 L2
3 Indirect Supervision	ICS1 L3 ICS2 L3 PBLI1 L3 PC1 L3	MK2 L3 PC3 L3 PC2 L3	ICS2 L3 PBLI2 L3 PBLI1 L3
4 Practice Ready	ICS1 L4 ICS2 L4 PBLI1 L4 PC1 L4	MK2 L4 PC2 L4 PC3 L4	ICS2 L4 PBLI1 L4 PBLI2 L4





## CCC Guide

### Evaluation and Management of a Patient with Benign or Malignant Breast Disease

#### Description of the Activity

General surgeons are often called to evaluate patients with breast concerns. These surgeons must be able to evaluate and manage patients who present in the outpatient or elective setting as well as those who present with urgent or emergency conditions.

#### In Scope

- Diagnosis:
  - Benign breast diagnoses, such as cysts, mastitis, abscess, fibroadenoma, and gynecomastia
  - Higher-risk breast disease, such as fibroepithelial lesions, ADH, ALH, LCIS, atypical papilloma, FEA, and radial scar
  - Malignant breast disease, such as phyllodes, invasive breast cancer, and DCIS
- Procedures:
  - Image-localized/palpable excisional biopsy
  - Localized/palpable partial mastectomy
  - Total mastectomy
  - Axillary SLN biopsy
  - Axillary node dissection
  - Modified radical mastectomy

#### Populations:

- All adult patients, including men, pregnant women, and gene mutation carriers

#### Out of Scope

- Diagnosis:
  - Hidradenitis or idiopathic granulomatous mastitis
  - Pseudoangiomatous stromal hyperplasia (PASH)
  - Spindle cell masses
  - Mucocele
- Procedures:
  - Oncoplastics
  - Nipple-sparing mastectomy
  - Reconstructive procedures
- Populations:
  - Pediatric

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	ICS1 L1 ICS2 L1 PBL1 L1 PC1 L1	SBP2 L1 PC2 L1 PC3 L1	ICS1 L1 SPB2 L1 PC1 L1 PC4 L1
2 Direct Supervision	ICS1 L2 PC1 L2 PBL1 L2	PC3 L2 SBP2 L2 PC2 L2	ICS1 L2 SBP2 L2 PC4 L2 PC1 L2
3 Indirect Supervision	ICS1 L3 ICS2 3 PBL1 L3 PC1 L3	SBP2 L3 PC2 L3 PC3 L3	ICS1 L3 SBP2 L3 PC1 L3 PC4 L3
4 Practice Ready	ICS1 L4 ICS2 L4 PBL1 L4 PC1 L4	SBP2 L4 PC2 L4 PC3 L4	SBP2 L4 PC4 L4 PC1 L4



## CCC Guide

### Evaluation and Management of a Patient with Cutaneous and Subcutaneous Neoplasms

#### Description of the Activity

Cutaneous and subcutaneous neoplasms are conditions commonly encountered by general surgeons in the outpatient and elective care setting. All general surgeons must be able to treat benign and malignant diseases of the skin and subcutaneous tissue in adult patients.

#### In Scope

- **In-scope diagnoses:**
  - Melanoma and nevi
  - Epidermal inclusion cyst
  - Lipoma/neuroma/leiomyoma/lymphangioma
  - Hematoma
  - Nonmelanoma skin cancers
    - Basal cell carcinoma
    - Squamous cell carcinoma

#### ➤ In scope procedure:

- Incisional biopsy
- Excisional biopsy
- Wide local excision
- Sentinel lymph node biopsy

#### Out of Scope

#### ➤ Out-of-scope diagnoses:

- Sarcoma (inclusive of lymphangiosarcoma)
- Cystic lesions of the neck
- Desmoids/fibromatosis

#### ➤ Out of scope procedure:

- Completion lymphadenectomy

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	PC1 L1 PC2 L1 MK1 L1 ICS1 L1 ICS2 L1 PBLI1 L1	MK2 L1 PC2 L1 PC3 L1 ICS2 L1	PC4 L1 ICS1 L1 ICS2 L1 PBLI1 L1
2 Direct Supervision	ICS1 L2 PC1 L2 PC2 L2 MK1 L2 PBLI1 L2	PC2 L2 PC3 L2 ICS2 L2	PC4 L2 ICS1 L2 ICS2 L2 PBLI1 L2
3 Indirect Supervision	ICS1 L3 PC1 L3 PC2 L3 MK1 L3 PBLI1 L3	PC2 L3 PC3 L3 MK2 L3 ICS2 L3	PC4 L3 ICS1 L3 ICS2 L3 PBLI1 L3
4 Practice Ready	PC1 L4 PC2 L4 ICS1 L4 ICS2 L4 PBLI1 L4	PC2 L4 PC3 L4 ICS2 L4	PC4 L4 ICS1 L4 ICS2 L4 PBLI1 L4



## CCC Guide

### Evaluation and Management of a Patient with the Acute Abdomen

#### Description of the Activity

General surgeons are vital in the evaluation and management of adult and pediatric patients with an acute abdomen. Surgeons must be able to determine if a patient presenting in the inpatient, outpatient, or emergency department setting has an acute abdomen and develop and execute a treatment plan

#### In Scope

- Adult patients
- Pediatric patients over the age of 2 years

#### Out of Scope

- Pediatric patients under the age of 2 years
  - Recognize surgeon or facility-specific limitations and the need for referral to a subspecialty pediatric surgeon at the surgeon's discretion.

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	PC1 L1 ICS2 L1 PROF1 L1 ICS3 L1	PC2 L1	ICS1 L1 ICS3 L1 SBP2 L1 PC4 L1
2 Direct Supervision	PC1 L2 PROF1 L2 ICS3 L2 ICS2 L2	PC2 L2	ICS1 L2 ICS3 L2 PC4 L2 SBP2 L2
3 Indirect Supervision	PC1 L3 PROF1 L3 ICS2 L3 ICS2 L4	PC3 L3 PC2 L3	ICS1 L3 ICS3 L3 PC2 L3 SBP2 L3 PC4 L3
4 Practice Ready	PC1 L4 ICS2 L4 ICS3 L4 PROF1 L4	PC4 L4 PC3 L4 PC2 L4 SBP2 L4	ICS1 L4 ICS3 L4 PC4 L4 SBP2 L4



## CCC Guide

### Perioperative Care of the Critically Ill Surgery Patient (Includes Sepsis and Hemorrhage)

#### Description of the Activity

All general surgeons should be able to perform perioperative care of critically ill surgical patients. Surgeons are often called to diagnose and manage critically ill patients; consider what operation (or whether any operation) is indicated; and in the postoperative setting, perform critical care, recognize early complications, and adjust the plan of care when necessary.

#### In Scope

- All adult patients
- Pediatric patients older than 2 years

#### Out of Scope

- Specialty-specific subsequent management or operative intervention

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	ICS2 L1 PC1 L1 PROF1 L1 PBLI1 L1 MK1 L1	PC2 L1	ICS1 L1 ICS3 L1 PBLI1 L1 PC1 L1 PC4 L1
2 Direct Supervision	ICS2 L2 PROF1 L2 MK1 L2 PBLI1 L2 PC1 L2	PC2 L2	ICS1 L2 ICS2 L2 PROF4 L2 ICS3 L2 PBLI1 L2 PC4 L2
3 Indirect Supervision	ICS2 L3 PROF1 L3 MK1 L3 MK1 L2 PBLI1 L3 PC1 L3	PC2 L3	ICS1 L3 ICS2 L3 ICS3 L3 PROF4 L3 PBLI1 L3 PC4 L3 PC1 L3
4 Practice Ready	ICS2 L4 PROF1 L4 PBLI1 L4 PC1 L4 PBLI1 L4	PC2 L4	ICS1 L4 ICS2 L4 ICS3 L4 PROF4 L4 PBLI1 L4 PC1 L4 PC4 L4



## CCC Guide

### Evaluation and Management of a Patient with Soft Tissue Infection (Inc NSTI)

#### Description of the Activity

General surgeons are frequently asked to consult on adult and pediatric patients with potential soft tissue infections. In the emergency department, inpatient, and outpatient settings, surgeons must be able to determine if an infection is present and develop and execute a treatment plan.

#### In Scope

- Cellulitis, abscess (including pilonidal abscess)
- Necrotizing soft tissue infection: cellulitis, fasciitis, myonecrosis
- Infected pressure ulcers

#### Out of Scope

- Diagnoses:
  - Thermal injury
  - Lymphedema
  - Bite or envenomation
  - Chemical, electrical, or radiation burns
- Calciphylaxis
- Hidradenitis (except acute abscess and cellulitis)
- Postoperative wound infection (included under postoperative complications)

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	ICS1 L1 SBP2 L1 MK1 L1 PROF2 L1 PC1 L1	PC3 L1 SBP2 L1 PROF2 L1	ICS1 L1 SBP2 L1 PROF2 L1 PC4 L1
2 Direct Supervision	ICS1 L2 SBP2 L2 PROF2 L2 MK1 L2 PC1 L2	PC3 L2 PROF2 L2 PC3 L2 SBP2 L2	ICS1 L2 SBP2 L2 PROF2 L2 MK1 L2 PC4 L2
3 Indirect Supervision	ICS1 L3 SBP2 L3 PROF2 L3 MK1 L3 PC1 L3	SBP2 L3 PROF2 L3 PC3 L3	ICS1 L3 SBP2 L3 PROF2 L3 MK1 L3 PC4 L3
4 Practice Ready	ICS1 L4 SBP2 L4 PROF2 L4 MK1 L4 PC1 L4	PC3 L4 PROF2 L4 SBP2 L4	PC4 L4 MK1 L4 PROF2 L4 SBP2 L4 ICS1 L4



## CCC Guide

### Evaluation and Management of a Patient with Thyroid and Parathyroid Disease

#### Description of the Activity

General surgeons are expected to evaluate and manage patients who present with signs and symptoms of thyroid or parathyroid disease, primarily in the outpatient setting. General surgeons must be able to accurately and cost-effectively diagnose and treat adult patients with common thyroid and parathyroid diseases and recognize complex thyroid/parathyroid disease that requires a specialist referral.

#### In Scope

- In-Scope Diagnoses
  - Thyroid disease
  - Thyroid nodule
  - Hyperthyroidism
  - Papillary thyroid cancer
  - Follicular neoplasm
  - Parathyroid disease
  - Primary hyperparathyroidism
- In-Scope Procedures
  - Total thyroidectomy
  - Thyroid lobectomy

- Parathyroidectomy
- Parathyroid gland autotransplantation

#### Out Scope

- Out-of-Scope Diagnoses
  - Hypercalcemia of malignancy
- Out-of-Scope Procedures
  - Reoperative neck operation
  - Lateral neck dissection
  - Minimally invasive thyroidectomy
  - Subtotal thyroidectomy

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	PC1 L1 PBL1 L1	MK2 L1 PC3 L1 ICS2 L1	PC4 L1 ICS2 L1 PBL1 L1
2 Direct Supervision	PC1 L2 MK1 L2 PBL1 L2	PC3 L2 ICS2 L2 MK2 L2	PC4 L2 ICS2 L2 PBI1 L2
3 Indirect Supervision	MK1 L3 PC1 L3 PBL1 L3	MK2 L3 PC3 L3 ICS2 L3	PC4 L3 MK1 L3 SBP2 L3 ICS2 L3 PBL1 L3
4 Practice Ready	PC1 L4 PBL1 L4	PC3 L4 MK2 L4 ICS2 L4	PC4 L4 ICS2 L4 PBL1 L4



## CCC Guide

### Evaluation and Management of a Patient with an Inguinal Hernia

#### Description of the Activity

General surgeons are often called to evaluate patients with a groin mass, pain, or other symptoms of an inguinal hernia. These surgeons must be able to evaluate and manage patients in the outpatient or elective setting as well as those who present in the emergency department with urgent or emergent conditions.

#### In Scope

- Adult patients

#### Out of Scope

- Pediatric patients, recognizing the limitations of a surgeon or facility and the subsequent need for a referral to a subspecialty pediatric surgeon at the surgeon's discretion

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	PC1 L1 ICS1 L1 PBLI1 L1	MK2 L1 PC2 L1 PC3 L1	PC4 L1 ICS1 L1 PBLI1 L1
2 Direct Supervision	PC1 L2 PC2 L2 ICS1 L2 PBLI1 L2	MK2 L2 PC2 L2 PC3 L2	PBLI1 L2 ICS1 L2 PC4 L2
3 Indirect Supervision	PC1 L3 PC2 L2 ICS1 L3 PBLI1 L3	MK2 L3 PC2 L3	PC4 L3 ICS1 L3 PBLI1 L3
4 Practice Ready	PC1 L4 PC2 L4 ICS1 L4 PBLI1 L4	PC2 L4 PC3 L4 MK2 L4	PC4 L4 ICS1 L4 PBLI1 L4



## CCC Guide

### Evaluate a Patient with Right Lower Quadrant Pain and Manage Appendicitis

#### Description of the Activity

Right lower quadrant pain is one of the most common conditions managed by general surgeons. All general surgeons must be able to evaluate and manage appendicitis as well as a variety of other conditions with similar presentations regardless of clinical setting, patient age, or resource availability

#### In Scope

- Pediatric and adult patients
- Diagnosis and initial management of pathology other than appendicitis (eg, gynecologic pathology, cancer, inflammatory bowel disease)

#### Out of Scope

- Comprehensive management of pathology other than appendicitis (eg, gynecologic pathology, cancer, inflammatory bowel disease)

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	PC1 L1 MK1 L1 ICS1 L1 PBLI1 L1	MK2 L1 PC2 L1 PC3 L1	PC4 L1 ICS1 L1 SBP3 L1
2 Direct Supervision	PC1 L2 MK1 L2 ICS1 L2 PBLI1 L2	PC3 L2 PC2 L2 MK2 L2	PC4 L2 ICS1 L2 SBP3 L2
3 Indirect Supervision	MK1 L3 ICS1 L3 PC1 L3 PBLI1 L3	PC3 L3 PC2 L3 MK2 L3	MK1 L3 PC4 L3 ICS1 L3 SBP3 L3
4 Practice Ready	PC1 L4 MK1 L3 MK1 L4 ICS1 L4 PBLI1 4	MK2 L4 PC2 L4 PC3 L4 SBP3 L3	PC4 L4 ICS1 L4 SBP3 L4





## CCC Guide

### Evaluate and Manage a Patient with Gallbladder Disease

#### Description of the Activity

General surgeons often encounter patients with gallbladder disease in elective and emergency care settings. All surgeons must be able to treat the spectrum of benign biliary disease and recognize disease requiring specialty referral in adolescent and adult patients.

#### In Scope

- Diagnosis and management of:
  - Symptomatic cholelithiasis
  - Biliary dyskinesia
  - Acute cholecystitis
  - Chronic cholecystitis
  - Gangrenous cholecystitis
  - Acalculous cholecystitis
  - Gallstone pancreatitis
  - Choledocholithiasis
  - Gallbladder polyps

#### Out of Scope

- Unexpected diagnoses (specialty referral may be indicated), such as:
  - Gallbladder and bile duct cancer
  - Operative injuries to the biliary tree
  - Choledochal cysts

#### Milestone Table:

	Preoperative/Assessment	Intraoperative/Procedural	Postoperative/Disposition
1 Limited Participation	PC1 L1 MK2 L1 ICS1 L1 SBP3 L1 PBLI1 L1	MK2 L1 PC2 L1 PC3 L1	PC4 L1 ICS1 L1 SBP3 L1
2 Direct Supervision	PC1 L2 ICS1 L2 SBP3 L2 PBLI1 L2	PC3 L2 MK2 L2 PC2 L2	PC4 L2 ICS1 L2 SBP3 L2
3 Indirect Supervision	ICS1 L3 PC1 L3 SBP3 L3 PBLI1 L3	PC2 L2 PC2 L3 MK2 L3 PC3 L3	PC4 L3 ICS1 L3 SBP3 L3
4 Practice Ready	PC1 L4 ICS1 L4 SBP3 L4 PBLI1 L4	SBP3 L4 PC3 L4 MK2 L4 PC2 L4	PC4 L4 ICS1 L4 SBP3 L4



## CCC Guide

### Provide Surgical Consultation to Other Health Care Providers

#### Description of the Activity

All general surgeons must be able to serve as consultants in inpatient, outpatient, emergency, and operative settings. As consultants, surgeons play a unique role in interacting with clinicians in other disciplines to provide optimal care for patients.

#### In Scope

#### Out of Scope

#### Milestone Table:

1 Limited Participation	ICS2 L1 MK1 L1 PC1 L1 PBL1 L1 ICS3 L1 ICS1 L1 PROF2 L1
2 Direct Supervision	PROF2 L2 MK1 L2 PC1 L2 PROF2 L2 PBL1 L2 ICS1 L2 ICS3 L2 ICS1 L2
3 Indirect Supervision	PROF2 L3 MK1 L3 ICS1 L3 PC1 L3 PBL1 L3 ICS2 L3 ICS3 L3
4 Practice Ready	PROF2 L4 MK1 L4 ICS1 L4 PC1 L4 PBL1 L4 ICS2 L4 ICS3 L4



## CCC Guide

### Evaluation and Initial Management of a Patient Presenting with Blunt or Penetrating Trauma

#### Description of the Activity

Trauma is a common clinical problem encountered by general surgeons. The surgeon should be able to triage, diagnose, and treat injured patients and understand when local resources require consultation of additional providers or transfer to a higher level of care. The surgeon is expected to assess, stabilize, and treat patients in the emergency department (ED) as their condition warrants.

#### In Scope

- Patients with blunt and penetrating thoracoabdominal trauma
- Pregnant and older adult patients

#### Out of Scope

- Patients with isolated extremity injury
- Patients with thermal, chemical, or inhalation injury
- Pediatric patients

#### Milestone Table:

	Trauma Bay	Procedure	Transition of Care
1 Limited Participation	PBLI1 L1 PC1 L1	PC2 L1	ICS1 L1 ICS2 L1 SBP2 L1 PBLI L1
2 Direct Supervision	PC1 L2 PBLI1 L2	PC2 L2	ICS1 L2 ICS2 L2 SBP2 L2 SBP1 L2 PBLI1 L2 ICS3 L2
3 Indirect Supervision	PC1 L3 PBLI1 L3	PC2 L3	ICS1 L3 ICS2 L3 SBP2 L3 ICS3 L3 PBLI1 L3
4 Practice Ready	PC1 L4 PBLI1 L4	PC2 L4	ICS1 L4 ICS2 L4 PBLI1 L4 SBP2 L4 SBP1 L4