St. Michael’s Hospital, Division of General Surgery
Goals and Objectives for PGY1 and PGY2 General Surgery Trainees

PGY1 and PGY2 General Surgery residents will generally complete a 2-3 month rotation on the service. The General Surgery service at SMH offers a rich exposure to key areas of General Surgical care including learning opportunities in:

- Trauma
- Acute Care Surgery
- Colorectal Surgery
- Breast Oncologic Surgery
- Bariatric and Foregut Surgery

The following Goals and Objective are detailed for Junior General Surgery residents and organized by CanMEDS roles.

**These Goals and Objectives are utilized in evaluation of Resident performance and will be reflected on the ITER.**

**Medical Expert:**

*Knowledge*

*By the end of the rotation the resident will be able to:*

1. Demonstrate appropriate knowledge of normal physiology and pathobiology of disease
2. Conduct an appropriate assessment of a patient, including conducting a relevant, precise, concise, and organized history and physical examination
3. Formulate a correct diagnosis and therapeutic plan
4. Describe the principles of resuscitation of the major trauma patient
5. Demonstrate proficiency in the primary, secondary and tertiary survey for the injured patient
6. Correctly interpret trauma imaging (CXR, pelvic Xray)
7. Demonstrate proficiency in the management of
   - appendicitis
   - intestinal obstruction
   - gall stone disease
   - diverticulitis

Reviewed by RPC/PGEC-GS and PGME: Spring/Summer 2015
8. Demonstrate proficiency in the diagnostic workup of
   - the breast cancer patient
   - the colon cancer patient
   - the IBD patient
   - the patient with GERD

9. Describe the indications, contraindication and anatomy of various weight loss operations

10. Recognize the acutely unwell patient and inform your senior resident.

11. Demonstrate proficiency in the management of patients with intra-abdominal infections.

12. Demonstrate proficiency in the pre and post-operative care of patients undergoing elective and/or emergency surgery, including attention to wound management, organ dysfunction, infections complications, avoidance of complications, psychosocial issues and discharge planning.

13. Demonstrate an understanding of the indications and contraindications for various surgical procedures.

**Technical Skills**

_by the end of the rotation the resident will be able to:_

1. Demonstrate an understanding of surgical anatomy

2. Respect tissue and use the instruments appropriately; performs the steps of the procedures with guidance

3. Demonstrate an understanding of the conduct of a trauma laparotomy

4. Demonstrate proficiency in the operative management of uncomplicated appendicitis (PGY1)

5. Demonstrate proficiency in the operative management of uncomplicated cholecystitis (PGY2)

6. Demonstrate proficiency in basic laparoscopic and psychomotor skills (PGY1,2)

7. Demonstrate proficiency with the technique small bowel anastomosis (PGY2)

8. Demonstrate proficiency with breast lumpectomy, mastectomy and sentinel LN biopsy (PGY2)

9. Demonstrate the technique of end and loop stoma formation (PGY2)

10. Demonstrate the safe completion of a fistulotomy (PGY1)

11. Demonstrate the ability to open and close a laparotomy incision and safely place laparoscopic ports (PGY1)

12. Complete surgical checklists with the peri-operative team (PGY1 and 2)

13. Demonstrate proficiency in open and closing the abdomen in a relatively stable patient without previous intra-abdominal surgery
Communicator

By the end of the rotation the resident will be able to:

1. Provide timely, accurate, compassionate and patient-centered information exchange with patients and their families, at the point of care.
2. Use voice, body language and translators to good effect.
3. Obtain informed consent for routine emergency and elective surgery (including appendectomy, cholecystectomy, and repair or incarcerated hernia) providing sufficient information regarding risks and benefits of treatment alternatives.
4. Demonstrate proficiency in completion of accurate discharge summaries and operative dictations for appendectomy, cholecystectomy, inguinal hernia repair, and breast lumpectomy.
5. Document progress/consultation/clinic/discharge notes that are organized, timely and legible.
6. Create operative notes that are cohesive, with appropriate detail of important issues, completed in a timely manner.

Collaborator

By the end of the rotation the resident will be able to:

1. Complete the pre-op briefing, checklist and debriefing.
2. Collaborate effectively with consulting services and allied professionals to ensure best care delivery.
3. Collaborate with community agents as required.
4. Handle conflict situations appropriately.
5. Consult relevant services and incorporate relevant therapeutic plans into the overall plan of care for the patient.

Manager

By the end of the rotation the resident will be able to:

1. Demonstrate time management skills to reflect and balance priorities for patient care, sustainable practice, and personal life.
2. Ensure timely discharge of patients including timely completion of discharge summaries.
Health Advocate

By the end of the rotation the resident will be able to:

1. Provide patient care in a compassionate and ethical manner, reflecting an understanding of issues related to age, gender, culture and ethnicity
2. Ensure diagnostic tests are completed in a timely fashion.
3. Organize resources to enable that patients can be safely discharged from hospital in a timely fashion.

Scholar

By the end of the rotation the resident will be able to:

1. Maintain an acceptable attendance record at teaching rounds.
2. Demonstrate ability to teach UG students on a narrow range of topics in General Surgery
3. Demonstrate motivation to improve knowledge
4. Develop and implement an on-going effective personal learning strategy

Professional

By the end of the rotation the resident will be able to:

1. Demonstrate proficiency in handover with the team on call and senior resident patients with active issues prior to leaving the hospital (pending investigations, requires clinical reassessment, pending surgical intervention, recent transfer to the ICU).
2. Provide patient care in a compassionate and ethical manner, reflecting an understanding of issues related to age, gender, culture and ethnicity.
3. Recognize own limitations and seek advice when necessary; accept advice and respond appropriately.