

**Humber River Regional Hospital Division of General Surgery  
Goals and Objectives for General Surgery Trainees  
University of Toronto**

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**Overview:**

You will be expected to function as a professional and take responsibility for your patients as outlined by the CanMeds framework. The complexity of task assignment, whether it be patient management or technical skill(s), will be commensurate with the level of proficiency exhibited by the resident and at the discretion of the supervising staff surgeon.

If you feel that there is an inequity with your current workload and your perceived capabilities, please bring it to the attention of Dr. Hagen or Dr. Klein.

The following Goals and Objectives are detailed for 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**

Overall Cognitive Knowledge and Clinical Skills Expectations:

- Expectation to be proficient in the diagnosis and management of surgical patients, including those with complex abdominal surgery, major cancer resections, re-operation, post-operative complications, and critically ill surgical patients.
- Expectation to be proficient in the assessment and workup of the emergency referral for acute abdomen. Residents should develop an understanding of who needs to be observed and who needs urgent surgery.

## **Knowledge:**

### 1. Breast Disease

- 1.1 Demonstrates an understanding of relevant breast anatomy and physiology.
- 1.2 Demonstrates an approach to the workup and management of benign breast mass and benign breast disease.
- 1.3 Demonstrates an approach to the workup and management of malignant breast mass.
- 1.4 Understands the workup of mammographic abnormalities.
- 1.5 Understands the treatment options for breast cancer.
- 1.6 Demonstrates proficiency in the diagnostic workup and management of locally advanced breast cancer.
- 1.7 Demonstrates proficiency of bringing complex breast cancer patients for discussion at Multidisciplinary Cancer Care Conferences.
- 1.8 Demonstrates an approach to the workup and management of breast cancer within the context of a multidisciplinary setting by attending the Breast Diagnostic Center (BDC).

### 2. Colon and Rectal Surgery

- 2.1 Demonstrates an understanding of the relevant anatomy and physiology of the large bowel.
- 2.2 Demonstrates an understanding of the relevant anatomy and physiology of the rectum and anus.
- 2.3 Demonstrate an understanding of the screening criteria for colorectal cancer.
- 2.4 Demonstrate proficiency in the diagnostic workup and management of colorectal cancer.
- 2.5 Understands the management of a malignant polyp.
- 2.6 Demonstrates proficiency in the diagnostic workup and management of benign anorectal disease.
- 2.7 Demonstrates an understanding of the role for pre-operative chemoradiation for rectal cancer.
- 2.8 Demonstrates an understanding for selecting adjuvant treatment in colorectal cancer.
- 2.9 Demonstrates proficiency of bringing complex colon cancer patients for discussion at Multidisciplinary Cancer Care Conferences.
- 2.10 Demonstrates proficiency of bringing rectal cancer patients for discussion at Multidisciplinary Cancer Care Conferences.

### 3. Surgical Oncology

- 3.1 Demonstrates an understanding of the relevant anatomy and physiology of the stomach.
- 3.2 Demonstrates an understanding of the relevant anatomy and physiology of the small bowel.
- 3.3 Demonstrates proficiency in the diagnostic workup and management of gastric cancer.
- 3.4 Demonstrates an understanding of the role for pre-operative treatment for gastric cancer.

- 3.5 Demonstrates proficiency in the diagnostic workup and management of gastrointestinal stromal tumors (GIST) from all GI sites.
  - 3.6 Demonstrates an understanding of adjuvant therapy for GIST.
  - 3.7 Demonstrates proficiency in the diagnostic workup and management of neuroendocrine tumors (NET) from all GI sites.
  - 3.8 Demonstrates proficiency of bringing complex surgical oncology patients for discussion at Multidisciplinary Cancer Care Conferences.
4. Endoscopy
    - 4.1 Understands the indications and potential complications of lower gastrointestinal endoscopy including colonoscopy and sigmoidoscopy.
    - 4.2 Understands the indications and potential complications of gastroscopy.
5. Benign General Surgery
    - 5.1 Demonstrates an understanding of the relevant anatomy and physiology of the abdominal wall, hepatobiliary system and appendix.
    - 5.2 Demonstrates proficiency in the management of acute presentations of abdominal wall, inguinal and femoral hernia.
    - 5.3 Demonstrates proficiency in the management of acute appendicitis.
    - 5.4 Demonstrates proficiency in the management of intestinal obstruction.
    - 5.5 Demonstrates proficiency in the management of gallstone disease.
    - 5.6 Demonstrates proficiency in the management of gallstone pancreatitis; indications for ERCP, timing of surgery.
6. Consultation
    - 6.1 Demonstrates an appropriate and efficient workup and diagnosis of cases referred by the emergency department and in-patient services.

**Technical Skills:**

Should be competent as surgeon in:

- Demonstrate proficiency with breast lumpectomy.
- Demonstrate proficiency with utilization of wire-localization techniques.
- Demonstrate proficiency with mastectomy.
- Demonstrate proficiency with sentinel LN biopsy.
- Demonstrate the technique of axillary dissection.
- Demonstrate the safe mobilization of the colon and completion of a bowel anastomosis (open and laparoscopic).
- Demonstrate proficiency in small bowel resection.
- Demonstrate proficiency with the technique of small bowel anastomosis.
- Demonstrate proficiency in intracorporal suturing.
- Demonstrate proficiency with a total mesorectal excision (TME).
- Demonstrate proficiency in completing a laparoscopic colon resection.
- Demonstrate proficiency in fistulotomy.

- Demonstrate proficiency in haemorrhoidectomy.
- Demonstrate the technique of gastric resection (open and laparoscopic).
- Demonstrate proficiency in colonoscopy.
- Demonstrate proficiency in gastroscopy.
- Demonstrate proficiency in the operative management of uncomplicated and complicated appendicitis.
- Demonstrate proficiency in the operative management of uncomplicated cholecystitis.
- Demonstrate the technique for management of complicated acute cholecystitis.
- Demonstrates proficiency to carry out an open inguinal repair.
- Demonstrates proficiency to carry out an umbilical hernia repair.
- Demonstrates proficiency to carry out a laparoscopic ventral hernia repair.
- Demonstrate the technique for a laparoscopic inguinal hernia repair.

The above list notwithstanding, the decision about the extent of a resident's participation in any particular operation remains the decision of the attending surgeon. There are laparoscopic cholecystectomies that will push the technical limits of any surgeon. The attending surgeon is empowered to allow the resident to do the part of the operation that he/she feels is appropriate for that particular resident given the clinical situation.

If residents feel that their operative experience is not progressing, as they would like, they can discuss this with the attending surgeon or Drs. Hagen or Klein.

### **Independent operating by residents**

The attending surgeon has to be present in the hospital and available to intervene at any time for any case done in the operating room. In almost all cases the attending surgeon will be scrubbed.

### **Communicator**

1. Demonstrate proficiency with completing the surgical checklist with the peri-operative team.
2. Listens and communicates effectively with patients and families, demonstrating sensitivity to ethnic, cultural, and spiritual values.
3. Demonstrate proficiency in providing patients and families with appropriate therapeutic risk/benefit information for informed decisions.
4. Demonstrate proficiency in communicating effectively with physicians in the same team and referring physicians

5. Demonstrate proficiency in communicating effectively with other health care providers, including nurses and allied health care providers.
6. Demonstrate proficiency in producing accurate, timely and appropriate written records such as written orders, progress notes, and discharge summaries.
7. Demonstrate proficiency in creating timely, concise, accurate operative reports.
8. Demonstrate proficiency in producing well organized letters and reports that provide clear directions to referring physicians.
9. Demonstrates appropriate empathy when discussing care options to patients and families.

### **Collaborator**

1. Demonstrate proficiency in collaborating effectively with patients, other physicians and a multidisciplinary team of expert health care professionals to provide optimal patient care, education and research.
2. Demonstrate proficiency in understanding the roles and expertise of other health professionals including: physicians, nursing, and other health care professionals.

### **Manager**

1. Demonstrates an understanding of the structure, financing and functions of health care organizations, including individual clinical practices and local and national organizations.
2. Demonstrates proficiency in using broad sources of information and technology to maximize efficiency.
3. Demonstrates proficiency in using health care resources appropriately and efficiently.
4. Demonstrates proficiency in leading or contributing to the health care team.
5. Demonstrates proficiency in delegating and distributing tasks fairly.
6. Demonstrates an understanding of the relationship between a surgeon in community practice and the hospital.
7. Demonstrates an understanding of the aspects of managing an independent office in the community.

## **Health Advocate**

1. Demonstrates knowledge of primary and secondary prevention of diseases and advises appropriate interventions.
2. Demonstrates an awareness and supports the activities of local and national organizations promoting health.
3. Demonstrates proficiency in ensuring diagnostic tests are completed in a timely fashion.
4. Demonstrates proficiency in organizing resources to enable patients that can be safely discharged from hospital in a timely fashion.
5. Demonstrates proficiency in making the attending surgeon aware of patient health issues in a timely and effective manner.
6. Demonstrates an understanding of making decisions around triage order of cases on the emergency operating lists.

## **Scholar**

1. Demonstrates motivation and interest in reading around cases.
2. Demonstrates proficiency in making use of appropriate educational resources and recognizes the need for life-long learning.
3. Demonstrates proficiency in analyzing and interpreting the validity and applicability of evidence in the medical literature.
4. Facilitates the learning of patients, students, colleagues, and other health professionals.
5. Demonstrates proficiency in the presentation and discussion of resident level relevant topics at teaching rounds, morbidity and mortality reviews, case presentations, journal clubs, and MCC rounds.
6. Demonstrates proficiency in teaching medical students.

## **Professional**

1. Recognizes the predominant importance of his or her personal responsibility in the care of his/her patient.
2. Delivers the highest quality care with integrity, honesty and compassion.
3. Demonstrate proficiency in understanding the implications of gender, cultural, racial, and societal issues with regards to the patient.
4. Exhibits proper personal and interpersonal professional behaviour.
5. Understands and adheres to legal and ethical codes of practice, including confidentiality and informed consent.
6. Demonstrates insight into his/her limitations and is responsive to constructive feedback.
7. Demonstrates proficiency in patient handover with timely sign-out of patients to other members of the team in an organized and efficient manner.
8. Demonstrates proficiency in handover with the team on call and the responsible attending surgeon for any patient with active issues prior to leaving the hospital (pending investigations, requires clinical reassessment, pending surgical intervention, recent transfer to the ICU).
9. Demonstrates proficiency in timely completion of medical proficiency in timely completion of medical records: OR dictations, discharge summaries, consult notes, death certificates.