

**Thoracic Rotations - Goals and Objectives**  
**Off-service residents in the PGY1-2 year**

(General Surgery, Cardiac surgery and Other Off-Service Departments)

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At the completion of the rotation, the resident will have achieved the following competencies:

**MEDICAL EXPERT**

1. Anatomy and diseases of the chest wall, mediastinum, lung, trachea, pleura, esophagus, stomach, and diaphragm
2. Respiratory physiology, pulmonary function tests, ventilatory support
3. Esophageal and gastric physiology, esophageal motility tests

**Clinical Skills**

Given a patient with the following problems:

1. Lung pulmonary nodule or mass,
2. Pneumothorax,
3. Hemoptysis
4. Lung abscess
5. Chest wall mass or trauma
6. Mediastinal mass or lymphadenopathy
7. Respiratory distress
8. Pleural effusion, hemothorax
9. Empyema
10. Dysphagia
11. Heartburn or hiatus hernia
12. Esophageal cancer
13. Diaphragmatic hernia
14. Complications of surgical procedures

**The resident will achieve competence and proficiency in the following clinical skills:**

1. Obtain an accurate patient history and perform an appropriate physical examination
2. Develop a weighted differential diagnosis
3. Outline an appropriate plan of laboratory, radiological investigations and interpret appropriately
4. Recommend an appropriate therapeutic plan taking into account such matters as age, general health, risk/benefit ratio, and prognosis
5. Recognize and manage emergency conditions resulting in prompt and appropriate treatment
6. Manage pre and post-operative care including intensive care unit (ICU) management

## **Technical Skills**

### **The resident will achieve competence and proficiency in surgical technical skills required to:**

1. Perform bronchoscopy and upper gastrointestinal endoscopy
2. Perform a thoracotomy
3. Perform mediastinoscopy
4. Perform a thoracentesis and tube thoracostomy
5. Perform **significant portions** of major thoracic surgery procedures (both via thoracotomy / laparotomy or using minimally invasive techniques) such as lobectomy (standard and sleeve), segmentectomy, pneumonectomy, esophagectomy, and esophageal procedures with the staff surgeon acting as assistant.

## **COMMUNICATOR**

### **The resident will demonstrate knowledge of the:**

1. Structure of consultation
2. Structure of consultation letter
3. Approach to breaking bad news
4. Principles of informed consent

### **The resident will demonstrate the skills to:**

1. Carry out interview using a structure and establish a therapeutic relationship
2. Dictate a clear and structured consult letter
3. Communicating patient care issues during morning report and evening sign over

## **COLLABORATOR**

1. The resident will, in the management of a thoracic surgical patient, consult and discuss management with respirologists, pathologists, physiotherapy, speech pathology, intensivists, nurses and other consulting services as appropriate.
2. The resident will participate in morning report.
3. The resident will participate in daily sign over.
4. The resident will ensure patient status is documented appropriately in progress notes.

## **MANAGER**

1. The resident will play an active role in quality assurance and quality delivery analyses through activities such as morbidity and mortality rounds.
2. The resident will participate in morning report to ensure in effective planning for the inpatient service.

## **HEALTH ADVOCATE**

1. The resident will demonstrate knowledge of the importance of smoking cessation and aids to smoking cessation

## **SCHOLAR**

1. The resident will recognize clinical questions that require a search for additional information and carry this out in an evidence-based fashion.
2. The resident will participate in teaching the medical students on the inpatient service

## **PROFESSIONAL**

1. The resident will maintain confidentiality and practice in an ethical, honest and forthright manner with respect for diversity.
2. The resident will be reliable and conscientious.
3. The resident will recognize own limitations and seek advice when appropriate.