



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Department of Surgery
Division of General Surgery
Residency Training Program
Orientation Guide

Compiled June 2008
By The Residency Training Program in General Surgery

Dr. Najma Ahmed, MD, PhD, FRCSC, FACS
Stacy Palmer, B. Comm

Last Updated June 2015

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Welcome from the Program Office

The General Surgery Residency Training Program at the University of Toronto strives to provide the best training experience for surgical residents in North America.

Our Mission is

- To have a strong and vibrant resident body;
- To develop and sustain the most gifted and committed faculty to teach our residents;
- To ensure that this training program helps you to achieve your career goals.

The current academic class is comprised of 85 general surgery residents, and nearly 75 full-time faculty members, recognized as international opinion leaders in a wide variety of clinical and academic areas. In addition to our core academic sites, we have also integrated a number of community training sites into our Program.

We look forward to working with you throughout your training. It will be our pleasure to ensure you receive the best possible education and that our program meets your goals.

Contact Information: General Surgery Program Office

<p>Dr. Najma Ahmed Program Director, Residency Training Program Division of General Surgery, University of Toronto</p> <p>St. Michael's Hospital Donnelly Wing, Room 3-073 30 Bond Street Toronto, Ontario, M5B 1W8 Tel: 416-864-5422 Email: AhmedN@smh.ca</p>	<p>Dr. Stan Feinberg Associate Program Director, Residency Training Program Division of General Surgery, University of Toronto</p> <p>North York General Hospital 4001 Leslie Street Toronto, Ontario, M2K 1E1 Tel: 416-756-6764 Email: Stan.Feinberg@nygh.on.ca</p>
<p>Stacy Palmer Program Coordinator, Residency Training Program Division of General Surgery, University of Toronto</p> <p>PROGRAM OFFICE: St. Michael's Hospital, Donnelly Wing, Room 3-071 30 Bond Street, Toronto, Ontario, M5B 1W8 Tel: 416-864-5422 Email: PalmerS@smh.ca</p>	

Resident Contacts PGEC-GS (Residency Training Committee)

A Post-Graduate Education Committee (General Surgery) meets monthly (excluding summer months). The committee's mandate is: to ensure the program's objectives are being met, to provide the best training experience for surgical residents, and to ensure each resident achieves their career goals.

The committee is comprised of General Surgery Division Heads, Resident Site Coordinators (from each of our training sites) and resident representatives. Currently the committee has thirteen resident representatives who bring forth new ideas, issues and/or concerns on behalf of the resident body to faculty members. These residents also keep the resident body informed on relevant topics. Please feel free to contact any of your resident representatives.

Elections are held every two years to re-populate the resident membership of this committee. Residents may self-nominate or nominate others. (*The elections were held in June 2015*).

The Current Resident Members (2015-2017 term):

Resident	Level	Email
Fernando Angarita	PGY1	angarita.fa@gmail.com
Jordan Levy	PGY1	jordan.levy@mail.mcgill.ca
Hala Muaddi	PGY1	hala.muaddi@mail.utoronto.ca
Yunni Jeong	PGY2	yunnijeong@gmail.com
Trevor Wood	PGY2	trevor.wood4@gmail.com
David Parente	PGY2	david.parente@mail.utoronto.ca
Adina Feinberg	PGY3	adifeinberg@gmail.com
Tyler Chesney	PGY3	Tyler.Chesney@gmail.com
Sha Ullah	PGY3	sullah2013@meds.uwo.ca
Dorotea Mutabdzic	PGY4	Dorotea.Mutabdzic@one-mail.on.ca
Andrea Covelli	PGY4	andrea.covelli@utoronto.ca
Nathalie Wong-Chong	PGY5	nathalie.wong.chong@utoronto.ca
Nathan Zilbert	PGY5	nathanzilbert@gmail.com
Jossie Swett Cosentino	PGY5	jossie.swettcosentino@utoronto.ca
Peter Szasz	SSTP	peter.szasz@utoronto.ca
Stephanie Mason	SSTP	saamason@gmail.com
Karineh Kazazian	SSTP	karineh.kazazian@utoronto.ca
James Byrne	SSTP	jpb Byrne@gmail.com
Natashia Seemann	SSTP	natashiaseemann@gmail.com

CONTACT LIST - DIVISION HEADS AND RESIDENT SITE COORDINATORS

FULL AFFILIATE	SITE	ADDRESS	DIVISION HEAD	RESIDENT SITE COORDINATOR	GENERAL SURGERY FACULTY
	HOSPITAL FOR SICK CHILDREN	HSC 555 University Avenue Toronto, Ontario M5G 1X8 Tel: 416-813-1500 Locating: 416-813-7500 www.sickkids.ca	Agostino Pierro Agostino.pierro@sickkids.ca Tel: 416-813-7340 Administrator: Shannon Hannah Shannon.hannah@sickkids.ca And Helene Dubois - helene.dubois@sickkids.ca	Georges Azzie Georges.Azzie@sickkids.ca Tel: 416-813-7654, ext 2413 Administrator: Jacquie Whyte Jacquie.whyte@sickkids.ca Tel: 416-813-7654, ext. 202413	Georges Azzie Priscilla Chiu Annie Fecteau Ted Gerstle Sharifa Himidan Jack Langer Agostino Pierro Paul Wales
	MOUNT SINAI HOSPITAL	MSH Joseph and Wolf Lebovic Health Complex 600 University Avenue Toronto, Ontario M5G 1X5 Tel: 416-596-4200 Locating: 416-586-5133 www.mountsinai.on.ca	Carol Swallow CSwallow@mtsinai.on.ca 416-586-4800, ext 1558 Administrator: Faryal Mehboob fmehboob@mtsinai.on.ca 416-586-4800, ext 3293	Savtaj Brar savbrar@hotmail.com Administrator: Faryal Mehboob fmehboob@mtsinai.on.ca 416-586-4800, ext 3293	Savtaj Brar Zane Cohen Alexandra Easson Rebecca Gladdy Anand Govindarajan Robert Gryfe Erin Kennedy Helen MacRae Andrea McCart Carol Swallow
	ST. JOSEPH'S HEALTH CENTRE	SJHC 30 The Queensway Toronto, Ontario M6R 1B5 Tel: 416-530-6000 Locating: 416-530-6000 www.stjoe.on.ca	Paul Sullivan sullip@stjoe.on.ca Tel 416-530-6030	Paul Sullivan sullip@stjoe.on.ca Tel 416-530-6030	Chris Compeau Tom Harmantas Richard Hart Shiva Jayaram David Lindsay Paul Sullivan
	ST. MICHAEL'S HOSPITAL	SMH 30 Bond Street Toronto, Ontario M4B 1W8 Tel: 416-360-4000 Locating: 416-864-5431 www.stmichaelshospital.com	Nancy Baxter BaxternN@smh.ca Tel: 416-864-6060 x. 2366 Administrative Assistant Carrie Zavitz Zavitzca@smh.ca Tel. 416-864-6060 x. 2366 Medical Secretary Alecia Fagan FaganA@smh.ca Tel. 416-864-5410	Marcus Burnstein Burnsteinm@smh.ca Tel(416)864-6050 Administrator: Carrie Zavitz Zavitzca@smh.ca	Najma Ahmed Jameel Ali Nancy Baxter John Bohnen Marcus Burnstein Sandra de Montbrun Ralph George Teodor Grantcharov Bernard Lawless John Marshall Joao Rezende-Neto Ori Rotstein Sandro Rizoli Adena Scheer

	SITE	ADDRESS	DIVISION HEAD	RESIDENT SITE COORDINATOR	GENERAL SURGERY FACULTY
FULL AFFILIATE	SUNNYBROOK HEALTH SCIENCES CENTRE	SHSC 2075 Bayview Avenue Toronto, Ontario M4N 3M5 Tel: 416-480-6100 Locating: 416-480-4244 www.sunnybrook.ca	Shady Ashamalla (interim) Shady.Ashamalla@sunnybrook.ca Tel: Administrator: Julie Genser julie.genser@sunnybrook.ca Tel: 416.480.5000 Ext. 3885	Nicole Look Hong (<i>junior residents</i>) Nicole.LookHong@sunnybrook.ca Fred Brenneman (<i>senior residents</i>) Fred.Brenneman@sunnybrook.ca Administrator: Julie Genser julie.genser@sunnybrook.ca Tel: 416.480.5000 Ext. 3885	Shady Ashamalla Fred Brenneman Peter Chu Natalie Coburn Darlene Fenech Julie Hallet Claire Holloway Paul Karanicolas Calvin Law Nicole Look Hong Avery Nathens Ted Ross Homer Tien Lorraine Tremblay Frances Wright
	TORONTO EAST GENERAL HOSPITAL	TEGH 825 Coxwell Avenue Toronto, Ontario M4C 3E7 Tel: 416-461-8272 Location: 416-461-6580; enter 6333 www.tegh.on.ca	Paul Bernick pbern@tegh.on.ca Tel: 416-461-0165 Administrator: Laura Morse Tel only: 416-461-0165	Jamie Cyriac jcyri@tegh.on.ca Tel: 416-461-5155	Mary-Anne Aarts Paul Bernick Jamie Cyriac Tom Gilas Hany Sawires Najib Safieddine Carmine Simone Rob Zeldin
	UHN -TORONTO GENERAL HOSPITAL	TGH 200 Elizabeth Street 10 th Floor Eaton Wing Division of General Surgery Toronto, Ontario M5G 2C4 Tel: 416-340-4800 Locating: 416-340-3155 www.uhn.ca	Allan Okrainec Allan.okrainec@uhn.on.ca Tel: 416-603-5224 Administrator (UHN): Deborah J. Wilson Deborah.Wilson@uhn.on.ca Tel: 416-340-3573	Sean Cleary Sean.Cleary@uhn.ca Administrator (UHN): Chloe Kenny Chloe.Kenny@uhn.ca	Mark Cattral Tulin Cil (WCH) Sean Cleary Karen Devon (WCH) Jaime Escallon Steve Gallinger Anand Ghanekar David Grant Paul Greig Wey Leong (PMH) David McCready (PMH) Ian McGilvray Carol-Anne Moulton Catherine O'Brien Allan Okrainec Michael Reedijk (PMH) Lorne Rotstein Markus Selzner Bryce Taylor David Urbach Alice Wei

	SITE	ADDRESS	DIVISION HEAD	RESIDENT SITE COORDINATOR	GENERAL SURGERY FACULTY
	UHN-TORONTO WESTERN HOSPITAL	TWH 399 Bathurst Street Toronto, Ontario M5T 2S8 Tel: 416-603-5800 Locating: 416- 340-3155 www.uhn.ca	Allan Okrainec Allan.okrainec@uhn.on.ca Tel: 416-603-5224 Administrator: Massy Konteas Massy.Konteas@uhn.on.ca Tel: 416-340-3573	Fayez Quereshy Fayez.Quereshy@uhn.ca Administrator: Arlene Albuero Arlene.Albuero@uhn.ca	Timothy Jackson Allan Okrainec Todd Penner Fayez Quereshy
	SITE	ADDRESS	DIVISION HEAD	RESIDENT SITE COORDINATOR	GENERAL SURGERY FACULTY
COMMUNITY AFFILIATES	HUMBER RIVER REGIONAL HOSPITAL	HRRH <i>As of October 18, 2015 (New address)</i> Humber River Hospital 1235 Wilson Ave. M3M 0B2, Toronto	Laz Klein lklein@hrh.ca and L.Klein@utoronto.ca Medical Education Coordinator: Angella Chambers achambers@hrh.ca	John Hagen Jhagen@hrh.ca JohnHagen@bellnet.ca Medical Education Coordinator: Angella Chambers achambers@hrh.ca	John Hagen Laz Klein David Starr Laura Whiteacre Efrem Gebrechristos Quoc Huynh Alex Iskander Mikki Sohi Jensen Tan
	NORTH YORK GENERAL HOSPITAL	NYGH 4001 Leslie Street, room 101 Toronto, Ontario M2K 1E1 Tel: 416-756-6000 Locating: 416-756-6002 www.nygh.on.ca	Nancy Down ndown@rogers.com Tel: 416-491-0345 Administrator: Lorna Callander ndownoffice@rogers.com <i>Note: Lorna picks up the emails at the ndownoffice@rogers.com address.</i>	Peter Stotland peter.stotland@utoronto.ca Tel: 647-258-9960	Yasser Botros Nancy Down Stan Feinberg Ian Forrest Simon Iu Neelesh Jain Lloyd Smith Donna McRitchie Fahima Osman Brian Pinchuk David Smith Peter Stotland

	SITE	ADDRESS	DIVISION HEAD	RESIDENT SITE COORDINATOR	GENERAL SURGERY FACULTY
COMMUNITY AFFILIATES	TRILLIUM HEALTH CENTRE	THC Mississauga site 100 Queensway West, CA7 Building Mississauga, Ontario L5B 1B8 Tel: 905-848-7100 Locating: 905-848-7557 www.trilliumhealthcentre.org	Neil Woolfson Neil.Woolfson@trilliumhealthpartners.ca Administrator: Yvonne McVeigh Yvonne.McVeigh@trilliumhealthpartners.ca Tel: 905-848-7580 x 1750	Joe Wen Joseph.Wen@trilliumhealthpartners.ca Tel: 416-626-6097 Administrator: Yvonne McVeigh Yvonne.McVeigh@trilliumhealthpartners.ca Tel: 905-848-7580 x 1750	Christopher Cobourn Phillipe Garzon Cameron Gelder Norman Hill Marianna Kapala David Mumford Donald Munnings Michael Padonou Jeannie Richardson Joseph Wen
	WILLIAM OSLER HEALTH SYSTEM	WOHS Etobicoke General Hospital Site 101 Humber College Boulevard Etobicoke, Ontario M9V 1R8 Tel: 416-747-3400 www.williamoslerhs.ca	Rardi van Heest Corporate Division Head, General Surgery Rardi.vanheest@williamoslerhs.ca Tel: 905-494-2120 Medical Staff Office contact: Heather Hosken heather.hosken@williamoslerhs.ca Tel: 416-747-3400 x32031	Roberta Minna Resident Contact drminna@rogers.com Tel: 416-746-1905	Etobicoke General Site: Mohammed Bahasadri Paul Chiasson Faiz Daudi Ryan Heisler Kashif Irshad Zane Jackson Nelson King Roberta Minna Jack Sandler Brampton Civic Site: Priya Chopra Alan Davison Wayne Gregory Keith Louis Azhar Malik Myung Park Quynh Pham Ian Smith Paul Chiasson Kashif Irshad Rardi van Heest
	OTHER	<ul style="list-style-type: none"> • The Scarborough Hospital - General Campus • The Scarborough Hospital - Birchmount Campus • Lakeridge Health Oshawa • Rural Ontario Medical Program (Collingwood Marine Hospital, Royal Victoria Hospital) 			

CONTACT LIST - OTHER ROTATIONS, GENERAL SURGERY

SUNNYBROOK HEALTH SCIENCES CENTRE – BREAST/MELANOMA	Dr. Frances Wright Division of General Surgery Sunnybrook Health Sciences Centre 2075 Bayview Ave, room T2-057 Toronto, ON M4N 3M5 frances.wright@sunnybrook.ca Tel: 416-480-4210 Admin: Aneeta Anwarali Aneeta.Anwarali@sunnybrook.ca	
PEEL REGIONAL CANCER CENTRE/CREDIT VALLEY HOSPITAL	Dr. Abdollah Behzadi Thoracic & Upper GI Surgery Peel Regional Cancer Centre/Credit Valley Hospital 2200 Eglinton Avenue West Mississauga, Ontario L5M 2N1 Tel: 905-813-1100 x1841 abdollah.behzadi@trilliumhealthpartners.ca	Administrative Coordinator: Lisa Katamay Peel Regional Cancer Centre/Credit Valley Hospital 2200 Eglinton Avenue West Mississauga, Ontario L5M 2N1 Tel: 905-813-1100 x1841 lisa.katamay@trilliumhealthpartners.ca
UHN PINK ROTATION (GENERAL SURGERY)	Dr. Tulin Cil UHN – Princess Margaret Hospital 610 University Avenue, Suite 3-130 Tulin.Cil@uhn.ca Admin: Angella Lakhan Tel: 416-323-6400 x 4319 Angella.Lakhan@wchospital.ca	Administrative Coordinator: Deborah Wilson Division of General Surgery UHN – Toronto General Hospital 200 Elizabeth Street Tel: 416-340-3573 Deborah.wilson@uhn.ca
UHN – TORONTO GENERAL - TRANSPLANT ROTATION	Dr. Paul Greig paul.greig@uhn.ca Dr. David Grant David.Grant@uhn.ca	Administrative Coordinator: Kaitlin Crawford UHN-Toronto General, NCSB 11C1230 Tel: 416-340-4190 Kaitlin.Crawford@uhn.ca
UHN-THORACIC SURGERY	Dr. Tom Waddell tom.waddell@uhn.ca	Administrative Coordinator: Emily Esteban Division of Thoracic Surgery, University of Toronto 200 Elizabeth Street, 9N-950 Tel: 416 340-4798 Emily.Esteban@uhn.ca

OFF-SERVICE ROTATIONS:

ANESTHESIA ROTATIONS	Hospital for Sick Children Mount Sinai Hospital Sunnybrook Health Sciences Centre St. Michael's Hospital Toronto East General Hospital Toronto General Hospital Toronto Western Hospital Women's College	Dr. Clyde Matava - clyde.matava@sickkids.ca Dr. Howard Fischer - howard.fischer@uhn.on.ca Dr. Alayne Kealey - Alayne.Kealey@sunnybrook.ca Dr. Deven Chandra - ChandraD@smh.ca Dr. V. Kamble - vakamble@rogers.com Dr. Katherine Marseu - Katherine.Marseu@uhn.ca Dr. Kyle Kirkham - kyle.kirkham@uhn.ca Dr. Stephen Halpern - Stephen.halpern@sunnybrook.ca
EMERGENCY MEDICINE ROTATIONS	Mt. Sinai Hospital - Sharona Jackson (admin assistant) erdocs@mtsinai.on.ca St. Michael's Hospital - Lina Icaro emergadmin@smh.ca Sunnybrook Health Sciences Centre - Paola Tiveron (Executive Administrative Assistant) Paola.Tiveron@sunnybrook.ca University Health Network sites – Julie Johnston (admin coordinator) Julie.Johnston@uhn.on.ca	

ICU/ GI/ AND MEDICINE ROTATIONS:

MT. SINAI HOSPITAL	Medicine Rotation	Heather Smith-St. Kitts: hsmith-stkitts@mtsinai.on.ca
MOUNT SINAI HOSPITAL	ICU rotation	Christie Lee: CLee3@mtsinai.on.ca
UHN	Medicine and ICU rotation/Medicine rotations	Natasha Campbell: natasha.campbell@uhn.ca Karolina Walczak: karolina.walczak@uhn.ca (TWH site) Kanika Aggarwal: kanika.aggarwal@uhn.ca (TGH site)
ST. MICHAEL'S HOSPITAL	GI/ Medicine rotations	Betty Ann Lemieux: lemieuxb@smh.ca
SUNNYBROOK	ICU rotations	Bernadette Slingerland: SlingerlandB@smh.ca
SUNNYBROOK	GI rotation	Dr. Elaine Yong: Elaine.yong@sunnybrook.ca
SUNNYBROOK	ICU and Medicine rotations	Glenda West - sbdom.education@sunnybrook.ca Vacation or NOCs: sunnybrook.vacations@sunnybrook.ca
TORONTO EAST GENERAL	ICU rotation	Dr. Michael Warner: mwarn@tegh.on.ca
NYGH	GI Medicine	Dr. David Baron: David.Baron@nygh.on.ca
ICU:TGH/TWH, SMH,SHSC GI: SMH,MSH/UHN, SHSC	GI/ICU/Medicine	Nikkita Gandhi - nikkita.gandhi@utoronto.ca (Note: Vacation requests must be submitted to the Medicine Education Coordinators)

MEDICAL EDUCATION OFFICES

(Area code is 416 unless otherwise noted)

Etobicoke General Hospital (William Osler Health Centre)

Heather Hosken

Medical Staff Office

Heather_hosken@williamoslerhs.ca

☎ 747-3400 (x32031) ☎ 747-8608

Hospital for Sick Children

Lori Fearon

Coordinator Postgraduate Administration

lori.fearon@sickkids.ca

☎ 813-5705 ☎ 813-7675

Office location: 525 University Ave, Rm. 1160

Mailing address: 555 University Ave.,

Toronto, ON M5G 1X8

Orthopaedics – Julianne Godden

☎ 813-6686 ☎ 813-6414

Humber River Regional Hospital

Dr. Ray Martin

Vice President, Medical and Academic Affairs

rmartin@hrh.ca

Office Location: 200 Church Street, Weston,

Ontario, M9N 1N8

(416-243-4214)

Angella Chambers

Medical Education Coordinator

achambers@hrh.ca

2111 Finch Ave West,

Toronto, Ontario, M3N 1N1

☎ 747-3085 ☎ 416 747-3882

Mount Sinai Hospital

Shamim Ladak

Medical Education Coordinator

sladak@mtsinai.on.ca

Sydney & Florence Cooper Family Education Centre

60 Murray Street, L3-300

Toronto, ON M5T 3L9

☎ 586-4800 (x 5989) ☎ 619-5540

North York General Hospital

Mabel Chan (primary contact)

Mabel.chan@nygh.on.ca

☎ 756-6000 ext 4724 ☎ 756-6916

Kerry McPartland (secondary contact)

Kerry.mcpartland@nygh.on.ca

☎ 756-6000 (x3829) ☎ 756-6916

St. Joseph's Health Centre

Erika Unelli

unelle@@stjoe.on.ca

30 The Queensway, Room 1E123

Toronto, ON M6R 1B5

☎ 530-6486, (x4269) ☎ 530-6243

St. Michael's Hospital

Michelle Dominey

Education Coordinator, Department of Surgery

DomineyM@smh.ca

30 Bond Street, Donnelly Wing 3-071

Toronto, ON M5B 1W8

☎ 864-6060 (x3949) ☎ 864-5565

Sunnybrook Health Sciences Centre

Sinthujah Santhirasiri

sinthujah.santhirasiri@sunnybrook.ca

2075 Bayview Avenue, room E-311

Toronto, ON M4N 3M5

☎ 480-6100 (x85044) ☎ 480-6012

The Scarborough Hospital General Campus

Anne Davies, Manager, Medical Affairs

adavies@tsh.to

3050 Lawrence Avenue East

Scarborough, ON M1P 2V5

☎ 431-8201 ☎ 439-8052

Toronto East General Hospital

medicaleducation@tegh.on.ca

825 Coxwell Avenue, C-416

Toronto, ON M4C 3E7

☎ 469-6580 (x 3280) ☎ 469-6108

Joanne Mount

j.mount@utoronto.ca

☎ 469-6580 (x 6545) ☎ 469-6108

Trillium Health Partners – Credit Valley Hospital

Yvonne McVeigh

Yvonne.McVeigh@trilliumhealthpartners.ca

100 Queensway West, CA7 Building

Mississauga, ON L5B 1B8

☎ 905-848-7580 x 1750 ☎ 905-804-7960

UHN – Medical Education Office

Nadia Okolowsky (in-term Violetta Sochka on Mat-leave)

nadia.okolowsky@uhn.ca

200 Elizabeth St, Eaton G-001

Toronto, ON M5G 2C4

☎ 340-4100 ☎ 340-4705

UHN – Surgical Education

Liz Doherty

elizabeth.doherty@uhn.ca

TGH- 200 Elizabeth Street

1 Eaton North, Room 420

Toronto, ON M5G 2C4

☎ 340-4363

Women's College Hospital

Jennifer Alexander

Medical Education Coordinator

jennifer.alexander@wchospital.ca

790 Bay Street, 9th fl., suite 905

Toronto, ON M5G 1N8

☎ 323-6044 ☎ 323-6282

Welcome from the PGME Office

Welcome to the Postgraduate Medical Education Office of the Faculty of Medicine. We offer 76 training programs certified by the Royal College of Physicians and Surgeons of Canada or by the College of Family Physicians of Canada.

Each department, through the Program Director and the Residency Program Committee, administers programs at a local level, according to the curriculum guidelines and accreditation standards determined by the respective Colleges. Clinical training is undertaken at university-affiliated hospitals and teaching practices in Toronto and other areas of Ontario.

The Postgraduate Medical Education Office has expanded and undertaken a number of initiatives to support our residents and faculty and continually improve program quality; we are committed in providing residents with a high calibre education in order to meet their future needs and career goals. Our excellent accreditation record and unique strengths has established the University of Toronto as an international leader in medical education curricula and scholarship.

The University of Toronto's postgraduate medical education and fellowship training programs also have an immeasurable impact on the supply of physician resources in Ontario, Canada and in over 50 partner countries.

Please contact our office staff listed below if you have any questions regarding your training, payroll, or other aspects of your registration with the Faculty.

PGME Office Contact Information

(Updated May, 2014)

Postgraduate Medical Education Office

University of Toronto, Faculty of Medicine

500 University Avenue, 6th Floor, Suite 602

Toronto, ON M5G 1V7

Main Tel: 416-978-6976

Fax: 416-978-7144

Email: postgrad.med@utoronto.ca

Power web evaluation: pgme.evaluation@utoronto.ca

PGME OFFICE CONTACT INFORMATION

NAME	POSITION	EMAIL
Dr. Salvatore Spadafora	Vice Dean, PGME	
Leslie Smith	Executive Assistant to the Vice Dean	le.smith@utoronto.ca
Dr. Glen Bandiera	Associate Dean, PGME (Admissions and Evaluation)	
Dr. Linda Probyn	Director, PGME Development	linda.probyn@utoronto.ca
Caroline Abrahams	Director, Policy & Analysis	caroline.abrahams@utoronto.ca
Dr. Susan Edwards	Director, Resident Wellness	susan.edwards@utoronto.ca
Dr. Susan Glover Takahashi	Director, Education & Research	sglover.takahashi@utoronto.ca
Loreta Muharuma	Director, Operations	loreta.muharuma@utoronto.ca
Dr. Anne Matlow	Faculty Lead, Strategic Initiatives	anne.matlow@utoronto.ca
Khush Adatia	User Support Services Officer	khushnoor.adiatia@utoronto.ca
Tamara Bahr	Manager, Instructional Design	t.bahr@utoronto.ca
Lisa Bevacqua	Project Coordinator	lisa.bevacqua@utoronto.ca
Anna Brilhante	Payroll Assistant - THPPA	anna.brilhante@utoronto.ca
Teddy Cameron	Senior Instructional Design Analyst	teddy.cameron@utoronto.ca
Natali Chin	Medical Education Coordinator (Help Desk)	natali.chin@utoronto.ca
Samantha Chin	Visa Trainee Assistant	samantha.chin@utoronto.ca
Tuan Diep	Computing Support Analyst	tuan.diep@utoronto.ca
Anna Ferrari	Registration Assistant	anna.ferrari@utoronto.ca
Jessica Fillion	Coordinator, Visa Trainees	jessica.fillion@utoronto.ca
Adrienne Fung	Education Coordinator	adrienne.fung@utoronto.ca
Kelly Giddy	Project & Communication Coordinator	kelly.killip@utoronto.ca
Nathan Harrison	Systems Coordinator	nathan.harrison@utoronto.ca
Shawn Healy	Data Analyst	shawn.healy@utoronto.ca
Jodi Herold	Consultant, Educational Assessment & Psychometrics	jodi.herold@utoronto.ca
Christopher Hurst	Resident Wellness Advisor	christopher.hurst@utoronto.ca
Toni Jarvis	Registration Assistant	toni.jarvis@utoronto.ca
Jim Kennedy	Payroll Assistant - THPPA	jim.kennedy@utoronto.ca
Melissa Kennedy-Hynes	Research Coordinator	melissa.kennedy@utoronto.ca
John Kerr	Manager, International Programs	john.kerr@utoronto.ca
Jill Kinsella	Call Stipends Assistant - THPPA	callstipends@utoronto.ca

PGME OFFICE CONTACT INFORMATION

NAME	POSITION	EMAIL
Judy Kopelow	Manager, Global Health and Initiatives	j.kopelow@utoronto.ca
Christiane Martin	Wellness Consultant	Christiane.martin@utoronto.ca
Dr. Dawn Martin	Communication Specialist	dawn.martin@utoronto.ca
Arlene McKinley	Coordinator, Special Projects	arlene.mckinley@utoronto.ca
Hira Mirza	Visa Trainee Assistant	hira.mirza@utoronto.ca
Jessica Montgomery	Administrative Assistant	jessica.montgomery@utoronto.ca
Maureen Morris	Associate Director, Operations	maureenf.morris@utoronto.ca
Howard Mui	Research & Information Systems Analyst	howard.mui@utoronto.ca
Laura Leigh Murgaski	Education Coordinator	laura.murgaski@utoronto.ca
Gerard Nagalingam	Business Manager	gerard.nagalingam@utoronto.ca
Marla Nayer	Educational and Test Consultant	marla.nayer@utoronto.ca
Ian Nillas	Immunization Officer	ian.nillas@utoronto.ca
Diana Nuss	Administrative Coordinator, Resident Wellness	diana.nuss@utoronto.ca
Nicole Parchment	Visa Trainee Assistant	nicole.parchment@utoronto.ca
Alison Pattern	Project Manager, Learner Systems Integration	alison.pattern@utoronto.ca
Mariela Ruetalo	Research Officer	mariela.ruetalo@utoronto.ca
Asif Sharif	Research Assistant	asif.sharif@utoronto.ca
Angelina Sulay	Financial Officer	angelina.sulay@utoronto.ca
Amy Widdifield	Information Management Specialist	amy.widdifield@utoronto.ca

(Information obtained from - <http://www.pgme.utoronto.ca/pgmestaff>)



Health Care Connect

(information obtained from <http://www.health.gov.on.ca/en/ms/healthcareconnect/public/>)

How it works

Health Care Connect is a program that helps you find a doctor or nurse practitioner if you don't have one. You can also use the program to change family health care providers, but only after you drop off your current family health care provider's patient list.

Once you join Health Care Connect, a Care Connector will search for a doctor or nurse practitioner in your community that's accepting new patients.

Visit the Health Care Connect website for more information
<http://www.health.gov.on.ca/en/ms/healthcareconnect/public/>

Terms of Reference Document

Allocation and Process of Rotation Assignments

Preamble

Introduction

The University of Toronto, Division of General Surgery is a very large and diverse Division. It spans across multiple teaching sites and includes nearly 75 full-time faculty members. In addition we have better integrated a number of community training sites in our Program.

The objective of the training program is to ensure that every resident has had the opportunity to fulfill their potential to become an outstanding clinical and/or academic surgeon. The programmatic structure within the residency training program exists to ensure that this mandate is met or exceeded.

The process of resident rotation allocation will be guided by the principles of equity among residents, transparency of process and equivalent access to clinical materials and learning opportunities.

Operational Aspects

The template for PGY1/2 ensures that in the junior years, each resident has similar exposures to various hospitals and services. The only significant variability is with respect to the 2 month selective period. Each PGY1 resident will be randomly allocated to either stream A or B. These streams define the core hospitals at which the resident will rotate for their core general surgery rotations [**Stream A:** SB, MSH, TEGH/TWH; **Stream B:** SMH, TGH, SJHC/TWH]. PGY1 residents will complete 1 month of thoracic surgery at UHN.

The University of Toronto houses the most numerous and most populous training programs in the country across the Departments of Medicine and Surgery. This creates tremendous training opportunities coupled with significant degrees of organizational complexity. The training program in General Surgery intersects with numerous other programs at the University; as we provide educational opportunities for many specialties and rely on other specialties' training programs to provide opportunities for our residents. Specifically with respect to rotations in Gastroenterology, Critical Care Medicine, Emergency Medicine and Anesthesia, the program will defer to their respective parent departments to assist in allocation of residents to specific sites. The General Surgery residency training program will continue to express preferences and advocate on behalf of our residents that these rotations are pedagogically sound and meet the learning needs of our resident body.

Given the objectives of transparency and access, there will be limited changes allowed to the rotation schedule and only under extenuating circumstances. When changes do occur, this will require written approval from the Program Director.

Rotation Preferences and Selectives

In the event that a resident is deficient in a Royal College mandated requirement, the selective time will be used to ensure completion of such a rotation. Failure to submit selective preferences will result in a rotation assigned by the Program Director. For residents who may have specific deficiencies, the Program Director can use her/his discretion and utilize selective time for this purpose. We will do our best to ensure that your first choice is respected.

Selective Rotations

PGY1

PGY1 residents are assigned randomly to a 24 month sequence of rotations by the office of the Program Director (see attached template). The only rotation preferences that junior residents must declare are for selective rotations as outlined below.

PGY2

Residents will have 2 months selective time in the PGY2 year. Preferences for PGY2 selectives must be submitted to the office of the Program Director 3 months in advance of the scheduled selective. Each resident must submit 3 preferences in rank order. This could include requests for the same rotation, but at 3 different sites. In general, PGY2 selectives will be completed at the University of Toronto.

Recommended choices for PGY2 selectives include:

- SHSC Burn Unit
- Critical Care
- Vascular Surgery
- Thoracic Surgery
- Ambulatory clinics and endoscopy
- General Surgery – any core site, or community electives at:
 - Humber River Regional Hospital
 - North York General Hospital
 - North York General Hospital – ACS
 - St. Joseph's Health Centre – ACS
 - Trillium Hospital
 - William Osler Health Centre
 - ROMP (Collingwood, Barrie www.romponline.com)
 - Southlake Regional Health Centre
 - The Scarborough Hospital (General and Birchmount campuses)
- Women's College Hospital
- Breast Service (UHN pink team)
- Radiology

PGY3

PGY3 residents, depending upon the number of residents in each year, may have 2-4 months of elective time. PGY3 residents, rotation preferences and proposed elective plans must be submitted to the office of the Program Director at least 3 months in advance of the scheduled elective. Rotation preferences should conform to the rotation guidelines (see below). Under appropriate circumstances, an elective away can be arranged (see below).

Recommended choices for PGY3 selectives include:

- General Surgery – UofT affiliated hospital; including community partners
- General Surgery – non UofT affiliated hospital
- Orthopedic surgery, plastic surgery or obstetrics/gynecology
- North York General Hospital - ACS
- Thoracic surgery
- Vascular Surgery
- Burn Unit
- Critical Care

- Southlake Regional Health Centre
- Rural general surgery (Collingwood, Barrie www.romponline.com) or International General Surgery (refer to the Terms of Reference for an elective in general surgery at the University of the West Indies, Kingston, Jamaica, appended);
- Ambulatory clinics and endoscopy
- Women's College Hospital
- Pediatric General Surgery
- Trauma
- Research elective (requires approval of the PD, an identified faculty mentor, a written project proposal and an approved REB application).
- Ambulatory clinics and endoscopy

PGY4/5

PGY4/5 will have 4 months of selective time which can be completed at either the University of Toronto or at another University, provided that PD is satisfied that such an elective is pedagogically sound and meets the learning needs of the resident. If a resident wishes to complete an elective at the University of Toronto affiliated hospital, residents already assigned to core rotations will be given priority and such elective rotations should not compromise the educational integrity of the rotation. However, the PD's office will make every reasonable attempt to accommodate elective request at the University of Toronto.

PGY4/5 residents shall submit their rotation preferences along with their proposed elective plans (2 preferences in rank order) to the PD 3 months in advance of the rotation. Rotation preferences should conform to the guidelines outlined below. Residents should not confirm plans for electives until the PD's office has confirmed their core rotation assignments. For those residents who have electives assigned in the PGY4 year, residents will have **10 days** to confirm or change their proposed elective plans, once core rotations have been confirmed. For electives in the PGY5 year, residents will have until 3 months prior to their elective to confirm their elective rotation.

Recommended choices for PGY4/5 selectives include:

- General surgery
- Vascular surgery
- Thoracic surgery
- Burn Unit
- Critical Care
- Trauma
- Pediatric General Surgery
- Ambulatory clinics and endoscopy
- Women's College Hospital
- North York General Hospital – ACS
- St. Joseph's Health Centre – ACS
- Rural general surgery (Collingwood, Barrie www.romponline.com) or International General Surgery (refer to the Terms of Reference for an elective in general surgery at the University of the West Indies, Kingston, Jamaica, appended);
- Southlake Regional Health Centre
- Research elective (requires approval of the PD, an identified faculty mentor, a written project proposal and an approved REB application)

Community General Surgery Experiences/Partners

The following hospitals are known to provide superior elective experiences in general surgery:

1. North York General Hospital
2. North York General Hospital - ACS
3. Humber River Regional Hospital - Church and Finch sites
4. Trillium Health Centre
5. William Osler Health Centre
6. Rural Ontario Medical Program (Collingwood Marine Hospital, Royal Victoria Hospital)
7. Lakeridge Health Oshawa
8. Southlake Regional Health Centre
9. The Scarborough Hospital - General Campus with additional exposure to thoracic surgery
10. The Scarborough Hospital – Birchmount Campus

Electives Away (non University of Toronto)

Under appropriate circumstances, PGY 3-5 residents are encouraged to pursue elective time outside the University of Toronto. An elective away will require PD approval.

It is the resident's responsibility to:

- Identify the Attending surgeon (mentor) who will be responsible to ensure that the goals and objectives of the rotation are met and that evaluations are completed in timely fashion.
- Incomplete evaluations will result in the resident not receiving credit for that rotation.
- Secure a letter of offer from the mentor explicitly stating the dates, location, overall objectives and evaluation process for the rotation

The office of the PD will not be responsible to resolve issues of licensing, insurance, visa or other related matters. All costs related to electives done outside the University are the responsibility of the resident.

Ambulatory Surgery and Ambulatory Surgery & Preparation for Practice

The final 3 months of residency will be devoted to ambulatory surgery and preparation for practice, and the month of March will be devoted to a month of ambulatory surgery. There will also be some call, as per the new RC guidelines.

During the month of December, Residents will be required to identify a mentor for this final phase of residency. Residents will be provided with a library of clinics organized by faculty, specialty, day of the week and location.

Elective in General Surgery at the University of the West Indies, Kingston, Jamaica

Institution: University of the West Indies (Mona Campus)
Department of Surgery, Radiology, Anaesthesia and Intensive Care;
Section of Surgery.

Preamble

The University of the West Indies is the premier training institution for undergraduate and postgraduate training in the Caribbean. The clinical training at the Mona Campus is facilitated by the University Hospital of the West Indies, a 500 bed hospital with all the major surgical disciplines available. Integral to this is the Kingston Public Hospital, the largest hospital in the English speaking Caribbean and a major trauma center.

The general surgical training for senior residents occurs both at the above institutions and the Cornwall Regional and Spanish Town Hospitals. The elective for a senior resident will be based at the UHWI and KPH where they will be supervised by approximately 25 faculty members practice the full range of general surgical care.

There are limitations in the range of advanced general surgical laparoscopic procedures performed where only cholecystectomy and colectomy are performed regularly in this manner.

Operational Aspects

1. The University of the West Indies (Mona Campus) is willing to accept 1 senior resident for a 3-month elective from the University of Toronto.
5. The University of the West Indies will endeavour to meet the learning needs of said elective residents and they will be included to the greatest extent possible in all learning activities, however, at all times, all learning opportunities will first be afforded to University of the West Indies trainees
6. All expenses, including malpractice insurance, licensure, travel, accommodations, registration, salary support and provision for accommodations for the entire duration of their elective will not be borne by the University of the West Indies.
7. The University of the West Indies will provide an accurate assessment of the trainee's skills using the University of Toronto evaluation documents.
8. University of Toronto trainees will be excluded from all additional courses and modules that extend beyond the clinical environment. However, if the University of Toronto is able to cover tuition and administrative costs for these courses, and there is capacity to accommodate the trainees, the University of the West Indies will make every effort to include them.

Proposal Research Electives

Requests to complete research electives should be filed with the Office of the Program Director. A 3-5 page summary should be organized into the following headings. (This document is due at least four weeks in advance of the start of the research rotation).

- A. Name of faculty research supervisor (and contact information)
 - B. Title of project
 - C. Start and end date of research elective
-
- 1. Statement of problem
 - 2. Background
 - 3. Research question
 - 4. Methodology
 - 5. Expected data elements
 - 6. Examples of tables for data collection
 - 7. Timeline for completion of project
 - 8. Dissemination plan (where you expect this work could be presented or published)
 - 9. Key references, between 6 and 10

**RESIDENT TEACHING & EDUCATION SESSIONS
2015-2016 ACADEMIC YEAR**

LEVEL	TIME/ DAY	SESSION	LOCATION
PGY1, 2	7:30-9:00am/Tuesdays	Fundamentals of Surgery lectures	Mount Sinai Hospital, Auditorium
PGY1	9:00-11:00am/Tuesdays	Fall 2015 Prep Camp September - December	Mount Sinai Hospital, Surgical Skills Centre
PGY2	9:00-11:00am/Tuesdays	Regular weekly teaching sessions - September to June. Focus on non-medical expert CanMEDs competencies.	Mount Sinai Hospital, 11 floor classroom (<i>unless otherwise stated</i>)
PGY3,4,5, SSTP	7:30-11:30am, Thursday	Regular weekly teaching sessions - September to June.	Li Ka Shing International Education Centre, Auditorium

Notes:PGY1,2 residents will be expected back in the hospitals by 11:30 a.m. Tuesday mornings.

LEVEL	
All Residents	Fundamentals of Laparoscopic Surgery Drs. Allan Okrainec (Allan.Okrainec@uhn.on.ca) and Andras Fecso (fecsoa@gmail.com)
PGY1	Advanced Trauma Life Support Course (ATLS) , Five courses per period.
All Residents	Sessions for Advanced Laparoscopic Skills will be available annually for all residents, at the Li Ka Shing International Education Centre.
PGY4	Advanced Trauma Operative Management (ATOM) course. Mandatory for all PY4 residents.

SUMMER SESSIONS:

LEVEL	TIME/ DAY	SESSION	LOCATION
PGY1	July 7 - 17, 2015	Summer 2015 PREP Camp	Mount Sinai Hospital, Surgical Skills Centre, Level 2 Room 250
PGY2	August 2015	Anatomy for Surgeons	Li Ka Shing International Education Centre, 2 nd floor classrooms

Additionally there are site specific teaching rounds at each hospital site – information provided at site

PGY1 PREP Camp - Fall 2015 Sessions

Tuesdays 9:00 – 11:00am

On September 22, 2015 the University of Toronto Surgical Skills Centre at Mount Sinai Hospital will continue the new curriculum format for technical skills training for the PGY 1 surgical residents. The PHASE 2 curriculum is a continuum of our PHASE 1 July sessions.

The fall curriculum will focus on a 10 week training session each Tuesday 0900 – 1100 hrs. The sessions will be held in the Surgical Skills Centre and directly follow the Fundamentals of Surgery lectures held at the Mount Sinai Hospital auditorium.

The breakdown of the program is as follows:

DATE	WEEK	COURSE
Sept 22, 2015	CC 1	Assorted Local Flaps /Advanced Wound Closures (cadaveric?)
Sept 29, 2015	CC 2	Vascular Anastomosis / Tendon Injury Repair
Oct 6, 2015 (Lougheed)	CC 3	VAC Dressing with KCI (Grand Room)
Oct 13, 2015		NO SESSION – Emerg Boot Camp
Oct 20, 2015	CC 4	Skin Graft / Bowel Anastomosis (Hand Sewn & Stapled)
Oct 27, 2015	CC 5	Airway Olympics / Tracheotomy & Chest Tube Review
Nov 3, 2015	CC 6	Open Practice Session
Nov 10, 2015 (UG's)	CC 7	Ultra Sound Skills with Line Insertions / Use of All Power Tools
Nov 17, 2015	CC 8	General Laparoscopic Scoping Skills/Micro I
Nov 24, 2015	CC 9	Lap Gallbladder / Micro Surgery II
Dec 1, 2015	CC 10	Lap Skills Competition & Holiday Season Celebration!!!

Medical Expert: Technical Skills Competency Expectations for Junior Residents in General Surgery residency at the University of Toronto (Updated July 2015)

It is reasonable to assume that the acquisition of technical proficiencies is a gradual and graduated phenomenon and that all trainees move along a continuum, each at their own pace. However, it is also reasonable to set out some expectations as benchmarks for both faculty and residents to ensure that trainees have achieved the essential technical skills that would allow their matriculation into senior residency.

It is understood that the acquisition of technical skills is only one of many competencies that residents must master in order to progress successfully through residency.

Table 1: (fundamental, intermediate and advanced skills essential to success in the operating room are listed).

Fundamental skills: are those that should be repeatedly practiced and *mastered* outside of the OR before they are demonstrated in the operating room. Residents must make use of the facilities provided to them in the surgical skills lab, laparoscopic simulator or other low fidelity, inanimate models provided in order to develop proficiency in these skills. It is expected that residents will invest independent study time to ensure that they develop competency in these skills. Faculty will expect a certain mastery of these skills within the first 6 months of training.

Intermediate skills: are those that will be practiced and honed in the operating room through deliberate practice. It is expected that trainees will master these intermediate level skills by the completion of the first year of training.

Advanced skills: are continually perfected through senior residency and you should see gradual improvement in these domains over years. If you feel that you are not progressing in these skills, ask for specific feedback.

Table 1 – Technical skills acquired during residency		
Skill	Level	Completed by ...
One handed knot tying	Fundamental	Within 6 months of training
Two handed knot tying	Fundamental	Within 6 months of training
Atraumatic skin opening and closure	Fundamental	Within 6 months of training
Intra-corporeal knot tying	Fundamental	Within 6 months of training
Knowledge of patient, understanding of indication for surgery	Fundamental	Within 6 months of training
Knowledge of anatomy relevant to the operation	Fundamental	Within 6 months of training
Skill	Level	Completed by ...
Use of cautery	Intermediate	By end of first year
Use of forceps, operating with two hands	Intermediate	By end of first year
Gentleness of tissue handling	Intermediate	By end of first year
Laparoscopic camera handling	Intermediate	By end of first year
Skill	Level	Completed by ...
Sharp dissection	Advanced	By end of PGY5 year
Obtaining exposure	Advanced	By end of PGY5 year
Staying in the correct plane	Advanced	By end of PGY5 year
Moving the case along	Advanced	By end of PGY5 year
Efficiency of movements	Advanced	By end of PGY5 year

Note: The Advanced Trauma Life Support (ATLS) course and the Fundamentals of Laparoscopic Surgery (FLS) course should be completed by the end of your PGY1 year.

In Table 2: We have enumerated the operations and procedures that residents should have completed by the end of their **PGY2 year**. The numbers listed should be considered the minimum standard.

Table 2

Operation/Procedure	Minimum Number
Gastroscopy:	
In the Surgical Skills Lab	5
In the endoscopy suite (PGY2 rotation)	50
Colonoscopy:	
In the Surgical Skills Lab	5
In the endoscopy suite (PGY2 rotation)	100
Tracheostomy – percutaneous and open:	
In the Surgical Skills Lab	1
Opening and closing of fascia:	
In the Surgical Skills Lab	3
In the OR	15
Hand sewn bowel anastomosis (part or whole):	
In the Surgical Skills Lab	3
In the OR	3
Stapled bowel anastomosis (part or whole):	
In the Surgical Skills Lab	3
In the OR	2
Insertion of laparoscopic trocars:	
In the Surgical Skills Lab	3
In the OR	15
Fundamental of Laparoscopic Skills course:	
In the Surgical Skills Lab	Aim to complete by the end of PGY2/3
First assistant for major laparotomy	20
Appendectomy	15
Cholecystectomy	15
Repair groin hernia:	
Pediatric	10
Adult	10
Chest tube insertion	10
Central line insertion	5
Breast lumpectomy	5
I+D perianal abscess	5
Mobilization of colon (part or whole)	3



Postgraduate Medical Education UNIVERSITY OF TORONTO

Learning, Leadership, Discovery

About PGCorEd™

The Postgraduate Medical Education Office (PGME) Core Curriculum Web Initiative – called PGCorEd™ is a set of web-based e-learning modules, which covers the foundational competencies for the University of Toronto postgraduate trainees. PGCorEd™ is designed to be responsive to the practical realities of residency training by being available when and where the resident needs the information.

Each PGCorEd™ module is about 4 hours in length and includes 6-8 units, which require approximately half an hour each to complete.

Effective July 1, 2008, all University of Toronto Residents entering PGY1 are required to complete the web-based PGCorEd™ core competency modules as part of their residency program certification.

These modules are required for completion before the end of the PGY2 year. Failure to complete all of the required modules will delay promotion to your next training level or completion of your Final In-Training Evaluation (i.e. FITER) and may constitute professional misconduct.

PGCorEd™ modules focus on generic foundational competencies linked to the CanMEDS roles, in particular, the non-Medical Expert roles. Also, the content is targeted at the PGY1 & PGY2 Residents and aims to help the PGY1 in transition from learner role of medical school to practitioner role.

Upon entry to your program you will be provided with an ID and password to access the modules, which are located on the UofT Portal system (our online learning environment).

.... WHEN you register you will be given a ‘login’ for the UofT portal system.

POWER (POstgraduate WEb Registration)

(from POWER website: <https://pgme.med.utoronto.ca>)

What is POWER?

POWER is an Internet based Registration service for Postgraduate Medical Education (PGME) Trainees enrolled or enrolling for training through the University of Toronto, Faculty of Medicine and its associated training hospitals.

Who is eligible to use POWER service?

POWER Internet Web Registration service is available to University of Toronto, Faculty of Medicine Postgraduate Trainees, Medical Fellows and employees of the Postgraduate Medical Education Office.

Who provides POWER service?

POWER, an Internet service, is offered by the Postgraduate Medical Education Office of the Faculty of Medicine, University of Toronto, Canada.

Contact links for Postgraduate Medical Education (PGME) Office:

Mail : Postgraduate Medical Education Office
University of Toronto
500 University Avenue, Suite 602
Toronto, Ontario M5G 1V7, Canada

Phone: Registration / Training appointment inquiries,
please contact 416-978-6976
For POWER Web Evaluation inquiries,
please contact 416-978-8399

Fax: 416-978-7144

E-Mail: For Registration / Training appointment
inquiries: postgrad.med@utoronto.ca
For POWER Web Evaluation
inquiries: power.help@utoronto.ca

Note from Program Director:

It is advised that you regularly visit POWER. You will receive email invitations to review your “Teacher Evaluation of Resident” forms and add comments. You will also receive invitations to complete “Rotation Evaluations” and “Teaching Evaluation” forms. The Program Office regularly reviews status of non-reviewed forms.

CASE LOGS

Obtained from the POWER website (print screen):

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

POWER
Postgraduate Web Evaluation and Registration

Palmer, Stacy

Case Logs Filter

Search Case Logs

Search:

Training Session: 2014 - 2015 Residency Program: x Procedure Date Period: -

Rotation Service: -- Select Rotation Service -- Procedure: x Trainee: x

Status: -- Select Status -- Location: Search for a location Procedure Supervisor: x

Sign-Off Required: Yes No

Case Logs List Displaying 1 - 10 of 1092 results Page 1 of 110

View	Approve	Procedure	Rotation Service	Location	Trainee	Procedure Date	Status	Record Date
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University of Toronto Evaluation Guidelines and Board of Examiners

Advancement of residents within the general surgery residency training program follows the principles outlined in the following documents:

(from the UofT PGME website: <http://www.pgme.utoronto.ca/content/evaluation-guidelines>)

The document "Guidelines for Evaluation of Postgraduate Trainees of the Faculty of Medicine at the University of Toronto" was approved at Faculty Council on February 26th, 2007. The full document may be accessed at <http://www.pgme.utoronto.ca/Assets/Evaluation/guidelines07.pdf>.

The purpose of these guidelines are:

- a. To provide minimum guidelines for the evaluation practices throughout the postgraduate medical education programs in the Faculty of Medicine.
- b. To provide guidelines for the remediation, probation, suspension, dismissal of trainees.
- c. To ensure that evaluation practices are consistent with the University of Toronto University Grading Practices Policy, with the Standards of Professional Behaviour for Medical Undergraduate and Postgraduate Students of the Faculty of Medicine of the University of Toronto and with the requirements of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, and the CMA Code of Ethics.

It is the responsibility of the Postgraduate Medical Education Advisory Committee (PGMEAC) to establish and supervise evaluation, promotion and dismissal of trainees in all postgraduate medical education training programs. The Board of Examiners for Postgraduate Programs is appointed by Faculty Council to:

- a. To review the cases of students in academic difficulty and to determine the appropriate course(s) of action, which may include remediation, remediation with probation, probation, suspension and dismissal.
- b. The assessment of a student's performance which may include the evaluation of the student's academic, behavioural, ethical and professional performance in the Program, or the evaluation/recommendation from an independent process.
- c. After receiving and considering recommendations from the Vice Dean (or her/his delegate), make recommendations on the progression of students through the Program.

The Vice Dean, Postgraduate Medical Education may bring to this Board names of students/trainees in difficulty. All meetings of the Postgraduate Programs Board will be held in camera. Decisions of the Board are final and binding on the Faculty and the Residency Training Program Committees and Directors. Decisions of the Board may be appealed by students to the Faculty of Medicine Appeals Committee. Any student wishing to appeal a Board of Examiners decision must submit in writing a Notice of Appeal to the Faculty Secretary indicating her/his intention within a maximum of two weeks (10 working days) after receiving written notice of the decision to be appealed.

For more information on the Appeals Committee, basis for appeals, guidelines and process, please refer to the Faculty website at <http://www.facmed.utoronto.ca/Assets/about/guide.pdf?method=1> or contact the Faculty Affairs Officer Todd Coomer at faculty.affairs@utoronto.ca or 416-978-2711.

Resident in Difficulty...What do I do?		
1	Identify that Resident may need to undergo remediation.	➔ Notify the PGME Office that a case will need to come forward to BOE meeting AND send all ITERs relevant to this new case. Please note, new cases will not be included on the BOE meeting agenda until all ITERs are received. Email: pgboe@utoronto.ca
2	Be aware of the timeframe (including need for PD to attend BOE meeting).	➔ The BOE is highly structured and the timeframe is not very flexible. EARLY discussion is important to get paperwork to the BOE and Vice Dean on time. BOE meeting dates and deadlines can be found at: http://www.pgme.utoronto.ca/content/board-examiners-boe-pg
3	Refer to the Guidelines for Evaluation of Postgraduate Trainees – Remedial Periods and review sample remedial plans.	➔ Guidelines for Evaluation of Postgraduate Trainees Feb 2007 and sample remedial plans can be found at: http://www.pgme.utoronto.ca/content/board-examiners-boe-pg
4	Develop a draft remedial plan for the Resident.	➔ Send draft remedial plan to PGME Office by posted deadline. E-mail: pgboe@utoronto.ca
5	Work with the PGME Office to develop the plan.	➔ A PGME Office Education Consultant will review the draft plan and provide feedback to assist you in preparing the remedial plan for submission to the Board of Examiners.
6	Review plan with Resident	➔ Let the Resident know: 1. The date of RPC meeting at which the plan will be discussed and invite Resident to attend, 2. That they must meet with the Vice Dean prior to BOE meeting. The Executive Assistant to the Vice Dean will
7	Review the plan at the RPC meeting	➔ Finalize plan; incorporate any final edits.
8	The Faculty Affairs Officer will contact you requesting the plan and all pertinent ITERs/documents.	➔ Send final plan (i.e. reviewed with the Resident and approved by the RPC) to Faculty Affairs Officer and PGME Office by requested date. NEW: cases with incomplete submissions (i.e. all documents not received by one week prior to BOE meeting) will be removed from agenda and postponed to the next BOE meeting. E-mail to: faculty.affairs@utoronto.ca & pgboe@utoronto.ca
9	The Faculty Affairs Officer will contact you with the time that the case will be presented at the BOE meeting.	➔ For all New Cases, Extension Requests and Dismissal Requests the Program Director must attend the BOE meeting.
10	<i>On the day of the meeting:</i> Arrive at the PGME Office 5-10 minutes prior to the presentation time.	➔ Please wait in the PGME Office reception area until you are met and invited to join the BOE in the meeting room. Prior to meeting, the BOE members will have reviewed: 1. Remedial plan and related ITERs/documents, 2. Report from the Vice Dean (re: process), and 3. Report from the Director of Education & Research (re: remedial plan).
11	<i>At the meeting:</i> Provide the Board with a brief summary of the case and plan for remediation; answer questions.	➔ Will have the opportunity to discuss the case and Board members will have the opportunity to ask you their questions. The Vice Dean and Director of Education & Research will each summarize their reports. The Chair of the Board will thank you for attending and the Board will discuss and decide the case in private.
12	The Faculty Affairs Officer will forward a formal letter from the Chair of the BOE approximately one week after the meeting.	➔ Inform the Resident of the decision. Take note of any requested revisions to the report, due dates for required future interim reports.



Royal College of Physicians and Surgeons of Canada (RCPSC)

(from RCPSC website: <http://rcpsc.medical.org>)

General Inquiries

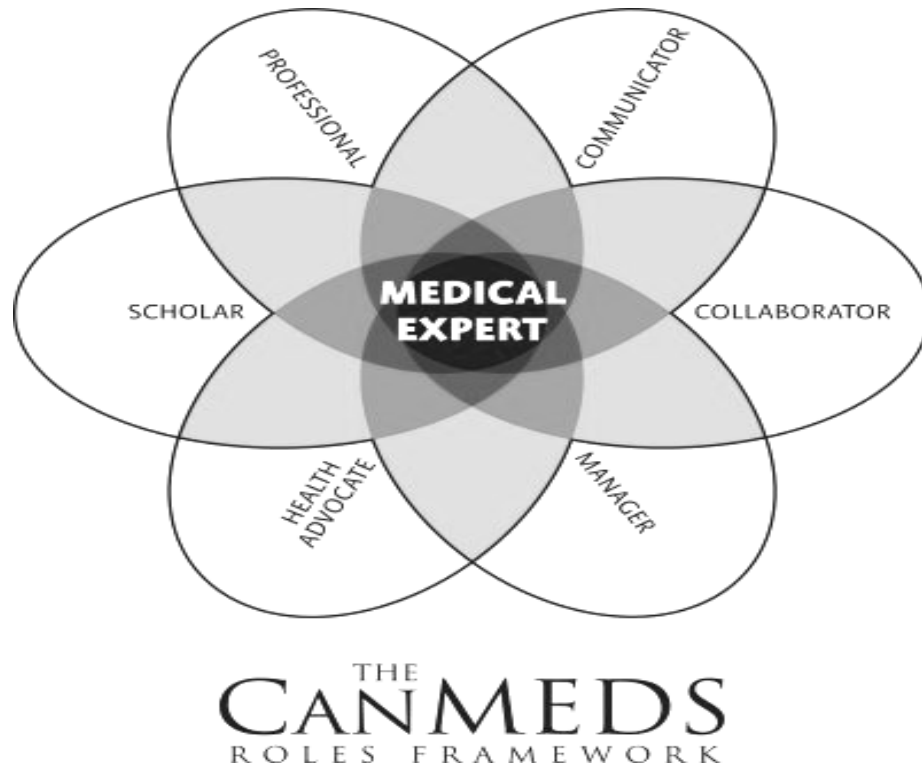
The Royal College of Physicians and Surgeons of Canada
774 Echo Drive
Ottawa ON Canada
K1S 5N8
Telephone: 613-730-8177; toll free 1-800-668-3740
Fax: 613-730-8830
E-mail: info@rcpsc.edu

The CanMEDS Physician Competency Framework

CanMEDS A diagram was created in 2001 to illustrate the elements and the interconnections of the CanMEDS Roles embodied by competent physicians: Medical Expert (the central Role), Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional. This diagram, also known as the CanMEDS "cloverleaf," "daisy," "flower" and "illustration" was officially trademarked in 2005 and was revised to more accurately reflect the fluidity and overlap amongst the CanMEDS Roles.

***Please note that every step of this process is important and in order to include them all the process should start no later than 3 weeks prior to the BOE meeting date

FACULTY OF MEDICINE
500 University Avenue, Suite 602, Toronto, Ontario M5G 1V7 Canada
Tel: + 1 416 978 6976 * Fax: + 1 416 978 7144 * postgrad.med@utoronto.ca * www.pgme.utoronto.ca



Objectives of Training

DEFINITION

The specialty of General Surgery embraces the principles and techniques of safe and effective surgical care of the whole person of any age, and is the parent of all surgical specialties. The Resident in general surgery is an eclectic surgical specialist whose practice deals mainly with the alimentary tract, trauma and critical care, endocrine and breast diseases, cancer surgery and endoscopy. By virtue of training, special interest or circumstance the practice of general surgery may be narrowly focused or may extend to diseases or injuries affecting virtually any system of the body. Modern general surgical practice includes expertise in communication and collaboration, teaching and research, health care management and continuing professional development.

Goals and objectives for general surgery training are defined by the Royal College for each CanMEDS role. Demonstrating competency in each role is a requirement for completing your training.

Visit: <http://rcpsc.medical.org/information/index.php> and select General Surgery from the drop-down list for more information.

**Approved by University of Toronto's
Governing Council June 16, 2008**

**Standards of Professional Practice Behaviour
for all Health Professional Students**

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Preamble

Health professional students engage in a variety of activities with patients/clients under supervision and as part of their academic programs. During this training, the University, training sites, and society more generally expect our health professional students to adhere to appropriate standards of behaviour and ethical values. All health profession students accept that their profession demands integrity, exemplary behaviour, dedication to the search for truth, and service to humanity in the pursuit of their education and the exercise of their profession.

These Standards express professional practice and ethical performance expected of students registered in undergraduate, graduate and postgraduate programs, courses, or training (for the purposes of this policy, students includes undergraduate/graduate students, trainees including post doctoral fellows, interns, residents, clinical and research fellows or the equivalents) in the:

- (a) Faculty of Dentistry;
- (b) Faculty of Medicine;
- (c) Lawrence S. Bloomberg Faculty of Nursing;
- (d) Leslie Dan Faculty of Pharmacy;
- (e) Faculty of Physical Education and Health;
- (f) Factor-Inwentash Faculty of Social Work;

- (g) Ontario Institute for Studies in Education (OISE Programs in School and Clinical Child Psychology; Counselling Psychology for Psychology Specialists; Counselling Psychology for Community and Educational Settings).

By registering at the University of Toronto in one of these Faculties or in courses they offer, a student accepts that he/she shall adhere to these Standards. These Standards apply to students in practice-related settings such as fieldwork, practicum, rotations, and other such activities arranged through the Faculty, program of study, or teaching staff. Other Faculties that have students engaged in such activities in health settings may also adopt these standards.

These Standards do not replace legal or ethical standards defined by professional or regulatory bodies or by a practice or field setting, nor by other academic standards or expectations existing at the University of Toronto. Action respecting these Standards by the Faculty responsible for the program or course does not preclude any other action under other applicable University policies or procedures, action by program regulatory bodies, professional bodies, or practice/field settings, or action under applicable law including the Criminal Code of Canada.

Breach of any of these Standards may, after appropriate evaluation of a student, and in accordance with applicable procedures, be cause for dismissal from a course or program or for failure to promote.

Standards of Professional Behaviour and Ethical Performance

All students will strive to pursue excellence in their acquisition of knowledge, skills, and attitudes in their profession and will uphold the relevant behavioural and ethical standards of his or her health profession or Faculty, including:

1. Keeping proper patient/client records
2. Where patient/client informed consent to an action is required, the student will act only after valid informed consent has been obtained from the patient/client (or from an appropriate substitute decision-maker)
3. Providing appropriate transfer of responsibility for patient/client care
4. Being skilful at communicating and interacting appropriately with patients/clients, families, faculty/instructors, peers, colleagues, and other health care personnel
5. Not exploiting the patient/client relationship for personal benefit, gain, or gratification
6. Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence
7. Demonstrating the following qualities in the provision of care:
 - (a) empathy and compassion for patients/clients and their families and caregivers;
 - (b) concern for the needs of the patient/client and their families to understand the nature of the illness/problem and the goals and possible complications of investigations and treatment;
 - (c) concern for the psycho-social aspects of the patient's/client's illness/problem;
 - (d) assessment and consideration of a patient's/client's motivation and physical and mental capacity when arranging for appropriate services;
 - (e) respect for, and ability to work harmoniously with, instructors, peers, and other health professionals;

- (f) respect for, and ability to work harmoniously with, the patient/client and all those involved in the promotion of his/her wellbeing;
- (g) recognition of the importance of self-assessment and of continuing education;
- (h) willingness to teach others in the same specialty and in other health professionals;
- (i) understanding of the appropriate requirements for involvement of patients/clients and their families in research;
- (j) awareness of the effects that differences in gender, sexual orientation, cultural and social background may have on the maintenance of health and the development and treatment of illness/problems;
- (k) awareness of the effects that differences in gender, sexual orientation, and cultural and social background may have on the care we provide;
- (l) respect for confidentiality of all patient/client information; and,
- (m) ability to establish appropriate boundaries in relationships with patients/clients and with health professionals being supervised;

These Standards articulate the *minimum* expected behaviour and ethical performance; however, a student should always strive for exemplary ethical and professional behaviour.

- (b) A student will refrain from taking any action which is inconsistent with the appropriate standards of professional behaviour and ethical performance, including refraining from the following conduct:
 - 8. Misrepresenting or misleading anyone as to his or her qualifications or role
 - 9. Providing treatment without supervision or authorization
 - 10. Misusing or misrepresenting his/her institutional or professional affiliation
 - 11. Stealing or misappropriating or misusing drugs, equipment, or other property
 - 12. Contravention of the Ontario Human Rights Code
 - 13. Unlawfully breaching confidentiality, including but not limited to accessing electronic records of patients/clients for whom s/he is not on the care team
 - 14. Being under the influence of alcohol or recreational drugs while participating in patient/client care or on call or otherwise where professional behaviour is expected
 - 15. Being unavailable while on call or on duty
 - 16. Failing to respect patients'/clients' rights and dignity
 - 17. Falsifying patient/client records
 - 18. Committing sexual impropriety with a patient/client¹

¹ Students who have (or have had) a close personal relationship with a colleague, junior colleague, member of administrative staff or other hospital staff should be aware that obligations outlined in the Provost's Memorandum on Conflict of Interest and Close Personal Relations pertain to these Standards.
<http://www.provost.utoronto.ca/policy/relations.htm>



COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
POLICY STATEMENT #2-11

Professional Responsibilities in Postgraduate Medical Education

APPROVED BY COUNCIL: September 2003

REVIEWED AND UPDATED: May 2011

PUBLICATION DATE: Dialogue, Issue 2, 2011

KEYWORDS: Postgraduate trainee, most responsible physician, supervisor, resident, clinical fellow, assessment, supervision, training, professional behaviour, consent

RELATED TOPICS: Consent to Medical Treatment, Delegation of Controlled Acts, Mandatory Reporting, Medical Records, Disclosure of Harm, Physician Behaviour in the Professional Environment, The Practice Guide: Medical Professionalism and College Policies

LEGISLATIVE REFERENCES: Regulated Health Professions Act, 1991; O. Medicine Act, 1991; Health Care Consent Act, 1996;

COLLEGE CONTACT: Quality Management Division

Professional Responsibilities in Postgraduate Medical Education

INTRODUCTION

The delivery of postgraduate medical education in Ontario has significantly evolved over time. Today training occurs in a variety of environments – teaching sites are not limited to traditional teaching hospitals, but also extend to community settings, such as physicians’ private practices. Also, training relies on a team-based approach to care, involving the provision of comprehensive health services to patients by multiple health-care professionals. There are no longer exclusive domains of practice; rather, care is delivered through multidisciplinary teams. This collaborative, teambased approach promotes optimal health care for patients.

In order to ensure both an appropriate educational experience for trainees and a safe and effective delivery of health care to patients, it is essential that supervisors and trainees in the postgraduate environment are aware of the responsibilities and expectations that their roles entail. Trainees need to be given opportunities to observe and actively participate in clinical interactions in order to acquire the knowledge, skills, and judgment required for future practice. This occurs through a process of graduated responsibility, whereby trainees are expected to take on increased responsibility as they acquire greater competence.

For this to occur safely, supervisors must be capable of assessing the competencies of the trainees they are supervising on an ongoing basis.

Trainees cultivate attitudes about professionalism through observing the attitudes and behaviours displayed by their supervisors. Positive role-modeling is therefore of the utmost importance and supervisors are expected not only to demonstrate a model of compassionate and ethical care, but also to interact with colleagues, patients, trainees, and other support staff in a professional manner.

An understanding of the responsibilities and expectations placed on supervisors and trainees is essential for ensuring patient safety in this complex environment. Thus, while this policy focuses on professional responsibilities in the postgraduate environment, supervisors and trainees are expected to be familiar with other applicable CPSO policies as well; these include, but are not limited to Delegation of Controlled Acts, Mandatory Reporting, Consent to Medical Treatment, Disclosure of Harm, Medical Records, And Physician Behaviour in the Professional Environment.

1. The majority of trainees in Ontario hold a certificate of registration authorizing postgraduate education, and are commonly referred to as “residents” or “fellows” in most teaching sites. However, a trainee may have a different class of registration depending on his/her individual circumstances: 1) pre-entry assessment program certificate of registration – commonly issued to international medical graduates (IMGs) for an initial “assessment phase”; this would include completing a “pre-entry assessment program” or “assessment verification period”; 2) restricted certificate of registration – trainees who have qualified under the “Residents Working Additional Hours for Pay” policy: <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1648>; 3) certificates of registration authorizing independent practice – trainees who have completed their residency program and qualified for full registration, but who continue to do fellowship training

PURPOSE

The purpose of this policy is to clarify the roles and responsibilities of the most responsible physicians (MRPs), supervisors and postgraduate trainees engaged in postgraduate medical education programs. This policy focuses on professional responsibilities related to the following aspects of postgraduate medical education:

1. Supervision and Training
2. Professional Relationships
3. Patient Care within the Postgraduate Educational Environment

SCOPE

This policy applies to all physicians who are involved in the guidance, observation and assessment of postgraduate trainees enrolled in postgraduate medical programs in Ontario and to the postgraduate trainees, themselves.

DEFINITIONS

Postgraduate Trainees (“trainees”)¹ are physicians who hold a degree in medicine and are continuing in postgraduate medical education. Regardless of the class of certificate of registration held, postgraduate trainees cannot practice independently within the confines of the training program.

Most Responsible Physician is the physician who has final accountability for the medical care of a patient when the trainee is providing care.

Supervisors are physicians who have taken on the responsibility by their respective training programs to guide, observe and assess the educational activities of trainees. The supervisor of a trainee involved in the care of a patient may or may not be the most responsible physician for that patient. Residents or fellows often serve in the role of supervisors, but do not act as the most responsible physician for patient care.

PRINCIPLES

1. Safe and effective care of the patient takes priority over the training endeavour.
2. Proper training optimizes patient care as well as the educational experience.



3. The autonomy and personal dignity of trainees and patients must be respected.
4. Joint decision-making and exchange of information between most responsible physician, supervisor, and trainee provides an optimal educational experience.
5. Professionalism, which includes demonstration of compassion, service, altruism, and trustworthiness, is essential in all interactions in the training environment in order to provide the best quality care to patients.²

1. Supervision and Training

The supervisor and/or most responsible physician must provide appropriate supervision to the trainee. This includes:

- a) being familiar with program objectives;
- b) making the patient or substitute decision-maker³ aware of the identity of the most responsible physician, and the fact that the most responsible physician is ultimately accountable for the patient's care;
- c) making the patient or substitute decision-maker aware of the identity of trainee(s) who are members of the treatment team, their stage in the postgraduate program, as well as their degree of involvement in patient care;
- d) being willing and available to see patients when required or when requested;
- e) regularly evaluating a trainee's clinical competence and learning needs, and assigning graduated responsibility accordingly;
- f) making reasonable efforts to determine that the trainee has the necessary competence (knowledge, skill and judgment) to participate in a patient's care and does not compromise that care;
- g) ensuring that all relevant clinical information is made available to the trainee, and directly assessing the patient as appropriate; and
- h) communicating regularly with the trainee to discuss and review the trainee's patient assessments, management, and documentation of patient care in the medical record.

The trainee must:

- a) participate in the care of patients as appropriate to his or her competencies, and specific circumstances, as well as to meet identified educational needs;
- b) make the patient or substitute decision-maker aware of their name, role, stage in the postgraduate program, and degree of involvement in patient care;
- c) make the patient or substitute decision-maker aware of the name and role of the most responsible physician, and the fact that the most responsible physician is ultimately accountable for the patient's care;
- d) communicate with the supervisor and/or most responsible physician:
 - i) in accordance with guidelines of the postgraduate program and/or clinical placement setting;
 - ii) about patient assessments performed by the trainee;
 - iii) when there is a significant change in a patient's condition;
 - iv) when the trainee is considering a significant change in a patient's treatment plan or has a question about the proper treatment plan;
 - v) about a patient discharge;
 - vi) when a patient or substitute decision-maker and family expresses significant concerns; or
 - vii) in any emergency situation or when there is significant risk to the patient's well-being;
- e) document his or her clinical findings and treatment plans and discuss these with the most responsible physician and/or the supervisor.

2. Professional Relationships

The most responsible physician, supervisor and trainee must demonstrate professional behaviour in their interactions with each other, as well as with patients, other trainees, colleagues and support staff. Displaying appropriate behaviour and providing an ethical and compassionate model of patient care is particularly important for the most responsible physician and supervisor, as trainees often gain knowledge and develop attitudes about professionalism through role modeling.

2. For more information about professionalism and the key values of practice, please refer to The Practice Guide: Medical Professionalism and College Policies.

3. For details about substitute decision-maker and consent, please refer to the CPSO policy Consent to Medical Treatment.

The most responsible physician and supervisor must be mindful of the power differential in their relationship with the trainee. Also, they should not allow any personal relationships to interfere with their supervision and evaluation of the trainee. Any personal relationship, which pre-dates or develops during the training phase between the most responsible physician or supervisor and the trainee, e.g., family, dating, business, friendship, etc., must be disclosed to the appropriate responsible member of faculty (such as department or division head or postgraduate program director). The appropriate faculty member would need to decide whether alternate arrangements for supervision and evaluation of the trainee are merited and, if necessary, make these arrangements.

Any form of behaviour that interferes with, or is likely to interfere with, quality health-care delivery or quality medical education is considered “disruptive behaviour.” This includes the use of inappropriate words, actions or inactions that interfere with the ability to function well with others⁴. Physicians, in any setting, are expected to display professional behaviour at all times.

3. Patient Care within the Postgraduate Educational Environment

In the postgraduate environment, it is important for patients to understand that care involves a collaborative, team-based approach and that trainees are integral members of the health-care team.⁵ The delivery of care relies on MRPs, supervisors, and trainees fulfilling each of their obligations as outlined in section one “Supervision and Training”.

Trainee involvement in patient care will vary according to the trainee’s stage in a postgraduate training program as well as their individual level of competency. Trainees are

expected to take on a graduated level of clinical responsibility in step with their demonstrated growing competency, although never completely independent of appropriate supervision.

In accordance with the *Health Care Consent Act* 6 and the CPSO’s policy on Consent to Medical Treatment, 7 patient consent is required in all situations where a treatment or a change in treatment is proposed. In addition, there are some factors unique to the postgraduate environment which should be disclosed to the patient in order for them to make an informed decision as to whether to give or refuse consent:

a) Significant component of procedure performed independently by trainee

When a significant component, or all, of a medical procedure is to be performed by a trainee without direct supervision, the patient must be made aware of this fact and where possible, express consent must be obtained. Express consent is directly given, either orally or in writing.

b) Examinations performed solely for educational purposes

An examination is defined as solely “educational” when it is unrelated to or unnecessary for patient care or treatment. An explanation of the educational purpose behind the proposed examination or clinical demonstration must be provided to the patient and their express consent must be obtained. This must occur whether or not the patient will be conscious during the examination. If express consent cannot be obtained, e.g., the patient is unconscious then the examination cannot be performed. The most responsible physician and/or supervisor should be confident that the proposed examination or clinical demonstration will not be detrimental to the patient, either physically or psychologically.

4. For more information, please refer to the CPSO policy Physician Behaviour in the Professional Environment.

5. Typically, hospitals and other clinical settings would have signage notifying patients that they are teaching institutions. However, physicians in private offices and clinics need to explicitly communicate this information.

6. Health Care Consent Act, 1996.

7. For more information, please refer to the CPSO policy Consent to Medical Treatment.



GENERAL SURGERY CALL POOL RESIDENT AGREEMENT
TERMS OF REFERENCE
(APRIL 2, 2014)

1. Non-clinical General Surgery residents, defined as those participating in the Surgical Scientist Training Program, a research elective or a clinical elective without call (e.g. radiology) may wish take general surgery call at U of T teaching hospitals in order to maintain their clinical skills.
2. At times the General Surgery teaching sites may be short-staffed due to vacation requests, illnesses or other extenuating circumstances. As such, it is sometimes not possible for clinical residents to cover all call shifts in a month and remain PARO compliant.
3. In light of items 1 and 2, the Division of General Surgery has developed a process whereby all non-clinical general surgery residents are regularly informed of opportunities to cover general surgery call at the teaching sites.
4. Non-clinical residents may volunteer to take any of available call, up to maximum of three calls per month. Non-clinical residents may volunteer to take either junior call or senior call depending on interest and availability.
5. When non-clinical residents agree to cover a call it is expected that on weekdays the call shift will commence from 5pm until handover the following morning. On weekends it is expected that the call shift will commence at the time of morning rounds and end after rounds the following morning.
6. A non-clinical Chief Resident will be delegated by the Division in order to co-ordinate available call dates from the clinical Chief Residents and inform the non-clinical residents of the call opportunities.
7. The non-clinical Chief Resident will receive an administrative stipend from the Division of General Surgery that is equal to 2/3 the amount specified for “Chief Residents” under the PAROCAHO Agreement.
8. Non-clinical residents will receive a stipend of \$250 per weekday call shift and \$500 per weekend call shift from the Division of General Surgery at teaching site where the call is taken.
9. Non-clinical residents are required to track their own on-call activities. Whether or not these calls can count towards the clinical time necessary for American Board of Surgery eligibility will be considered by the Program Director on a case-by-case basis.

Department of Surgery
FACULTY OF MEDICINE
University of Toronto
SURGEON SCIENTIST TRAINING PROGRAM (2015)

PURPOSE

The purpose of the Surgeon Scientist Training Program (SSTP) at the Department of Surgery, University of Toronto, is to provide excellent research training for surgical residents who wish to pursue a career in academic surgery. The focus is on excellent research training, not on a specific discipline or project, or on specific course work.

ELIGIBILITY

Candidates will be eligible if they have been accepted into the University of Toronto Postgraduate Training Program in Surgery and accepted in a **THESIS-BASED graduate program**. Candidates may enter the Surgeon Scientist Training Program (SSTP) during their clinical training. All supervisors for the SSTP trainee must be faculty members of the School of Graduate Studies (SGS) of the University of Toronto. Candidates will be eligible from the following training programs: Cardiac Surgery, General Surgery, Neurosurgery, Orthopaedics, Paediatric General Surgery, Plastic and Reconstructive Surgery, Thoracic Surgery, Urology and Vascular Surgery. Selection of the research program is described below.

For surgical residents who wish to pursue a career in academic surgery, which includes **training that does not require a formal thesis-based component**, he/she must apply to the **Scholarship in Surgery (SIS)** program.

PROCEDURE FOR APPLYING

Potential candidates must meet with the Vice Chair Research (Dr. Michael G. Fehlings) or Associate Vice Chair Research (Dr. Andras Kapus) prior to submitting application to the Department of Surgery Research Office and selecting a research supervisor, no later than **October 15th**. Candidates should discuss their intentions with the Division Chair of the surgical specialty he/she has chosen for clinical training, the divisional residency Program Director and with the proposed supervisor of his/her research program. The trainee and the supervisor must submit separate application forms. Application forms are available from Val Cabral, Research Program Manager, Department of Surgery Research Office (tel 416-813-2178; fax 416-813-5252; email val.cabral@sickkids.ca) or on the website <http://www.surg.med.utoronto.ca/research.html>.

Candidates must also apply for personal salary support each year they are in the SSTP until they are successful [from a granting agency such as the Canadian Institutes of Health Research (CIHR)]. It is imperative that the institution/financial officer administering salary support funds on behalf of the agency is Office of Research Services, University of Toronto, 3rd Floor, McMurrich Bldg, 12 Queen's Park Crescent West, Toronto, ON M5S 1S8. A copy of the application to an external agency must be forwarded to the Research Office at the same time as submitting to the agency. Candidates who do not apply each year for external salary support or who are not successful at obtaining such support are not eligible for departmental salary support.

The deadline for receipt of applications is **October 15th**. Applications should be emailed or sent to Val Cabral. The curriculum vitae of the applicant and a letter of support from the Division Chair must accompany the application.

DURATION OF PROGRAM

The research program must be an approved graduate program that is **at least two years in length**.

EXTERNAL FUNDING

The SSTP trainee's salary will be at the same PGY level he/she would have received in the clinical stream at his/her current PGY classification for the duration of the SSTP.

Candidates **MUST** apply for personal salary support to at least two granting agency, such as the Canadian Institutes of Health Research (CIHR), Heart & Stroke Foundation, each year until successful. **ALL** residents entering the SSTP **MUST** also apply to Post-Graduate Medical Education (PGME) for the Post-Graduate Medical Awards. Applicants who do not apply each year to at least **two** agencies for external salary support, or who are not successful at obtaining external salary support will not be able to continue in the SSTP unless their salary support is guaranteed (in writing) by their supervisor or Division Head. External support is support from an agency that is not administered by the University of Toronto or one of its affiliated hospitals.

PLEASE NOTE: to ensure uninterrupted salary support and eliminate unexpected double salary payment – all salary support (fellowships, studentships, scholarships) submitted to external agencies MUST indicate payee institution as University of Toronto: Office of Research Services, University of Toronto, 3rd Floor, McMurrich Bldg, 12 Queen’s Park Crescent West, Toronto, ON M5S 1S8.

TUITION

Tuition costs are covered by the home Division of the trainee. The method of payment may vary from Division to Division, but in general will be reimbursed to the trainee by the Division upon presentation of official University receipt of payment. Compliance with these principles is implied when the University Division Head signs the SSTP trainee’s application form.

SELECTION OF RESEARCH PROGRAM AND SUPERVISOR

Research programs may be pursued in the general areas of basic and clinical research, clinical epidemiology, medical education, medical bioethics, or health services research. There are several excellent graduate programs in these fields within the University and candidates are encouraged to select the best graduate training possible. Training outside the University of Toronto is not approved.

Assistance in the selection of a supervisor will be provided by the Vice Chair Research (Dr. Michael Fehlings) or the Associate Vice Chair Research (Dr. Andras Kapus). It is imperative that a meeting be arranged with one of these two individuals **before** selecting a supervisor. Such meetings should be arranged prior to **October 15**, the year preceding entering the Program. All supervisors for the SSTP trainee must be faculty members of the School of Graduate Studies, University of Toronto.

A candidate will select a supervisor who will provide the best research environment regardless of the surgical specialty in which he/she intends to train.

APPLICATION TO SCHOOL OF GRADUATE STUDIES

All trainees accepted to the Surgeon Scientist Training Program must apply to the School of Graduate Studies, University of Toronto, and be accepted into a program leading to a MEd, MSc or PhD degree. It is the trainee’s responsibility to submit an application for entrance into the School of Graduate Studies – each Graduate Department adheres to its own deadlines. Applicants are encouraged to meet with the Coordinator of Graduate Studies of the Graduate Department in which they plan to enroll (e.g., Institute of Medical Science 416-978-5012; Health Policy, Management & Evaluation [HPME] - 416-978-7721 or 946-3486; Laboratory Medicine & Pathobiology [LMP] – 416-978-8782; Medical Education – 416-340-3615 or 416-340-3646. Enrollment as a graduate student must be completed prior to starting the Surgeon Scientist Training Program.

RELATIONSHIP OF SURGEON SCIENTIST TRAINING PROGRAM (SSTP) TO CLINICIAN INVESTIGATOR PROGRAM (CIP) OF THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

All individuals entering the Surgeon Scientist Training Program must submit an application for the Clinician Investigator Program (CIP) of the Royal College. Information may be obtained from the CIP office by calling 416-978-7189 or email: uoft.cip@utoronto.ca (www.utoronto.ca/cip).

CLINICAL RESPONSIBILITIES

During the period of research training in the SSTP, trainees must not have regular clinical responsibilities. However, trainees are encouraged to maintain some contact with clinical activities by attendance at divisional, departmental and hospital rounds and formal teaching sessions. Trainees may also attend specialty clinics with direct relevance to their areas of research. Residents must conform to PARO guidelines in this regard. If a trainee in the SSTP is to provide clinical duties, then such arrangement should not exceed four (4) hours a week, as per the terms of the PARO-CAHO Agreement Article 1, B.

CLINICAL TRAINING

Following completion of the SSTP, all trainees are expected to return to clinical training within the Postgraduate Training Program in Surgery at the University of Toronto. Where appropriate, some attempt will be made by the divisional residency Program Director and the Director of Postgraduate Education to provide the trainee with positions conducive to continuing his/her research from "bench to bedside" or to provide clinical exposure in the area of the trainee's research topic.

STUDENT COMMITTEE

Each trainee will have a Student Committee to assist him/her during the time spent in the Surgeon Scientist Training Program. Each Student Committee will be formed in accordance with the rules of the School of Graduate Studies. Normally, the supervisor serves as Chair of the Student Committee, and the Committee meets at least twice yearly. Minutes of each meeting should be forwarded to the Vice Chair Research, the Division Chair and the Graduate Student Coordinator of the relevant graduate faculty. In-training evaluation forms for the CIP should be obtained from the CIP office (MSB Room 2366 - 1 King's College Circle; email: uoft.cip@utoronto.ca) and returned after each committee meeting to the CIP office. These evaluation forms must be completed by the supervisor, viewed and signed by the student. A copy must be sent to the Director of Postgraduate Surgical Education.

**GENERAL SURGERY
RESIDENCY TRAINING PROGRAM
REQUIREMENTS FOR SURGEON SCIENTIST PROGRAM CANDIDATES**

Admission to the SSTP requires prior approval of the Program Director.

Each candidate will submit a 3 page application to the Office of the Program Director by September 1st of each year.

This application should include:

1. A summary of the program of research, anticipated supervisors, and funding sources.
2. A summary of ITERs to-date with an explanation of the candidate's strengths and weaknesses, and reasons why the candidate feels they are suited for the SSTP.
3. The candidate's plan for remaining abreast of clinical problems in general surgery during SSTP.

June 2015

PGY 1 General Surgery Residents
2015-16 Class

RE: SURGEON SCIENTIST PROGRAM

Dear Residents,

As you know, the University of Toronto Surgeon Scientist Training Program (SSP) provides a unique opportunity for residents to step out of the clinical stream for a full-time graduate school research experience.

The Department of Surgery expects that applicants to the SSTEP have carefully considered all available research training opportunities within our University (or abroad, in exceptional circumstances) to ensure the highest quality training and research productivity.

It is important that interested residents arrange an initial appointment with the Head of their respective Divisional Research Committee to discuss all aspects of the SSTEP (contacts below). This discussion may occur anytime during the PGY1 academic year, but no later than March 1st.

Finally, any resident applying to the SSTEP **must** be interviewed by the Vice Chair Research (Head of the Departmental Research Committee - Dr. Michael G. Fehlings) and/or the Associate Vice Chair Research (Dr. Andras Kapus), by October 15th of the PGY2 year. **Schedule an appointment with Val Cabral at 416-813-2178 (val.cabral@sickkids.ca)**

Sincerely,



Dr. Steven Gallinger



Dr. Najma Ahmed

WILSON CENTRE

(from Wilson Centre website: <http://cre.med.utoronto.ca>)

For general surgery residents pursuing SSP (Surgeon Scientist Program) whose focus is in surgical education, please visit the website for more information.

VISION AND MISSION

The Wilson Centre is dedicated to advancing healthcare education and practice through research.

The Wilson Centre will:

- Foster the discovery and application of new knowledge relevant to advancing healthcare education and practice.
- Promote creative synergies between diverse theoretical perspectives, and between theory and practice.
- Be a world leader in education research.

CONTACT INFORMATION

The Wilson Centre
200 Elizabeth Street, 1E5-565
Toronto, Ontario, Canada M5G 2C4
Phone: 416-340-3646 / 416-340-3079
Fax: 416-340-3792

Toronto General Hospital, University Health Network

The Wilson Centre is located on the 1st floor of the Eaton Wing of the Toronto General Hospital, rooms 1E559-605.

Terms of Reference Document - Reimbursement for Resident Travel Expenses (Updated May 2013)

The Division of General Surgery at the University of Toronto will reimburse travel expenses incurred by residents for **one conference per resident per academic year**.

Reimbursement requires submission of **original receipts including boarding passes** to the Business Manager, Linda Last, or directly to the Research Supervisor (in the case of point 1 below). The process of reimbursement of expenses should be expected to take up to 6 weeks. Inquiries about reimbursement should be directed to Linda Last at linda.last@sunnybrook.ca no sooner than 6 weeks after submission.

Complete documentation must be submitted within six weeks of travel and within the academic year in which you travelled.

Each resident will be allowed one reimbursement per academic year (July 1-June 30). The following conditions must be met:

1. Any resident who is presenting academic work at a scientific meeting. This specifically relates to:
 - an abstract that has been accepted by a peer-reviewed process
 - invitation to speak during a plenary session at a scientific meeting related to surgical research or education

As a student, you should apply for complete reimbursement from your Supervisor. Your supervisor will then be recompensed for 50% of this cost by the Chair's office up to \$1000.

In this circumstance expenses should be expected to be shared between the research supervisor and the Chair of the Division of General Surgery **for one meeting per academic year**. Other travel expenses incurred related to attending/presenting at academic meetings are the responsibility of the research supervisor. As a resident, you are to seek advance approval from your research supervisor for these activities.

2. At the PGY4 level, the Division will support travel expenses incurred by residents who attend the Canadian Association of General Surgery, Canadian Surgery Form (<http://www.cags-accg.ca/index.php>) whether or not the resident is presenting at this meeting, up to a maximum of \$2000.00 per resident. Note that this should be compliant with the 7 days of conference leave provision per the PAIRO agreement. **This expense will be reimbursed directly to the Resident from the Chair. The Chair will then recoup 50% of those expenses from each of the Divisions** based on a prorated share of the number of Senior (4/5) residents that rotated through each institution in the given academic year (i.e., Sunnybrook would pay a higher share than North York General based on the number of Senior Residents that rotate through there). This will be calculated at the beginning of the 4th quarter of the academic year and statements will be sent to each Division Head at that time.

3. At the PGY5 level, the Division will support travel expenses incurred by residents who attend one of the following meetings whether or not the resident is presenting at the meeting, up to a maximum of \$2000.00 per resident. Note that this should be compliant with the 7 days of conference leave provision per the PAIRO agreement. **This expense will be reimbursed directly to the Resident from the Chair. The Chair will then recoup 50% of those expenses from each of the Divisions** based on a prorated share of the number of Senior (4/5) residents that rotated through each institution in the given academic year (i.e., Sunnybrook would pay a higher share than North York General based on the number of Senior Residents that rotate through there). This will be calculated at the beginning of the 4th quarter of the academic year and statements will be sent to each Division Head at that time.

- SSO (Society of Surgical Oncology) <http://www.surgonc.org/>
- AAST (American Assoc. for the Surgery of Trauma) <http://www.aast.org/>
- TAC (Trauma Assoc. of Canada) <http://www.traumacanada.org/>
- SAGES (Society of American Gastrointestinal and Endoscopic Surgeons) <http://www.sages.org/>
- ACS (American College of Surgeons) <http://www.facs.org/>
- ASBS (American Society of Breast Surgeons) <https://www.breastsurgeons.org/>

Any conference not listed above must be pre-approved by both the Program Director and Division Chair.

Save the Date – Important Dates 2015-2016 Academic Year

Date	Event	Details/Comments
June 22-25, 2015	READY-SET-GO General Surgery Preparatory Course	Li Ka Shing International Healthcare Education Centre, 209 Victoria Street, & Club Verity in the Toronto Room
July 7 - 17, 2015	PGY1 Surgical Prep Camp 2015 – all divisions	Surgical Skills Centre, MSH (Level 2 Room 250)
July 7, 2015	PRE OSATS Exam PGY 1s	Surgical Skills Centre, MSH (Level 2 Room 250)
July 17, 2015	POST OSATS Exam PGY 1s (<i>last day of boot camp</i>)	Surgical Skills Centre, MSH (Level 2 Room 250)
September 2015	Start of 2015-2016 Regular Weekly Teaching Curriculum Lectures	Juniors (MSH, 11 th floor classroom.) Seniors (Auditorium - Li Ka Shing International Healthcare Education Centre)
September 8, 2015	Garden Party – Welcome for new residents	Hosted at Dr. Ahmed's house (All faculty and residents invited - early evening event)
September 22 - December 1, 2015	Prep Camp (Fall 2015 sessions)	Surgical Skills Centre, MSH , Level 2 Room 250
September 17-20, 2015	Canadian Surgery Forum (<i>in Quebec City</i>)	http://www.cags-accg.ca
To be announced	Practice Oral Exam Session for Junior Residents	Location to be announced
To be announced	Practice POS Exam for PGY 1 & 2 residents	Location to be announced
To be announced	CAGS Exam (2015)	St. Michael's Hospital
To be announced	Town Hall Meetings	To be announced
To be announced	Gallie Day	To be announced
To be announced	Annual Assembly of General Surgeons & Residents	To be announced

**University of Toronto, Division of General Surgery
Residency Training Program
Vacation Policy**
(Revised as of April 17, 2014)

All vacations for all residents (*both GS and non GS*) must be approved by the GS site chief at the site the resident is rotating. Communication for all matters related to vacation, leaves or absences must be through the division chief at each site.

As per Royal College, Specialty Committee Policy, PGY5 residents are required to complete their residency training until June 30th of their final academic year. Any time taken in advance of June 30th of their final year must be taken as vacation, academic leave or another leave as outlined below.

1. Residents are entitled to 4 weeks of vacation per year

Vacation requests are discouraged during the following periods:

- Last week of June
- First 2 weeks of July
- Periods of time coincident with PGY4 or 5 fellowship interviews

Priority for vacation will be granted only in the following circumstances:

- Your own marriage
- Marriage of a child, sibling or parent

2. Residents are entitled to 7 days of professional leave:

- Priority for professional leave will be given to residents who are presenting a paper or poster at a conference. Highest priority should be considered for *PGY4s*.

3. Additional Leaves:

- Residents are entitled to additional leave for examinations
- 1 week of leave free of all clinical responsibilities before each the written and oral Royal College examinations.
- 2 days of leave without clinical responsibilities for each the POS, MCCE2 examinations. The two days include 1 day to include the day of the examinations Note: When multiple residents on the same service require leave for an exam, time will be staggered.
- A maximum of 5 days additional leave will be granted for fellowship interviews. Any days required beyond this must be taken as vacation or academic time
- Note that residents must complete at 50% of the rotation block in order to be properly evaluable.
- Sick days will be considered if the resident is ill. This will require confirmation with a doctor's note if sick leave exceeds 1 week, and if requested
- Parental leave will be granted in consultation with the PD's office
- Conflicts related to vacation allocation will be adjudicated by the Program Director on a compassionate basis.

Stacy Palmer will track vacations taken by residents in the GS training program only

PARO-CAHO Collective Agreement - What you need to know!

WHAT IS PARO?

PARO: Provincial Association of Residents of Ontario.

All residents are members of PARO– dues are deducted from your pay cheque! PARO negotiates our contract with CAHO and serves as the representative/advocacy organization for all residents in the province.

WHAT IS CAHO?

CAHO: Council of Academic Hospital of Ontario:

The group representing the collective interests of the hospitals where residents work.

WHAT IS THE PARO-CAHO COLLECTIVE AGREEMENT?

The PARO-CAHO collective agreement is the contract between residents and the academic hospitals where we work. It outlines our expectations, rights and responsibilities including our salary and benefits. The entire collective agreement is available for review at: http://www.myparo.ca/PARO-CAHO_Agreement

KEY COLLECTIVE AGREEMENT ISSUES:

Call

- Residents can be assigned up to no more than 7 in house call shifts per month in a 28 or 29 day rotation and 8 shifts in a 30 or 31 day rotation.
- If a rotation is longer than 1 month residents can be assigned up to 9 calls in one month as long as the average over the rotation complies with the above.
- If you take vacation during a rotation the amount of call you can be assigned is reduced (e.g. if you are only present for 21 days of a 28 days rotation you can only be assigned 5 in house calls).
- Residents must be given two FULL weekends (Friday night, Saturday and Sunday) off per month. You cannot be asked to come in to round on your weekends off.
- Post call: Residents should be out of the hospital by 12pm on their post call day
 - *Don't drive home if you haven't slept all night.* Taxi expenses up to \$70/month will be reimbursed for post call residents.
- Call stipend: \$105 (pretax) is added to your pay cheque for each in house call. Each month a completed call stipend form must be submitted to the medical education office at the hospital where you are working in order for this to be processed.
- ****If the call stipend form isn't submitted within 30 days of the end of the rotation you will not get paid!**

VACATION

- Residents are entitled to 4 weeks of vacation per year
- Vacation requests should be made to the Hospital Division Head at least one month prior to your desired vacation. If your request cannot be accommodated (due to multiple requests) alternate times must be arranged within two weeks of your request.
- You cannot be post call on your first day of vacation.
- Additionally all residents are entitled to 5 days off during the December holidays. A 10 day “Holiday Period” which includes Christmas Day and New Years Day is determined for each teaching site. Each resident will be off for 5 of these 10 days and work the other 5.
- Residents are also entitled to 7 days of professional leave for exam preparation (Surgical Foundations, MCCQE2), personal studying, or conference attendance. **Requests for professional leave should be made as far in advance as possible.
- You may request to be off for non-statutory religious holidays. These requests must be accommodated unless there will be significant patient safety issue due to your absence. **Make these requests as far in advance as possible.

****Be mindful of your colleagues when requesting vacation and leave****

If you request a one week vacation, three days of professional leave, and four days off for religious holidays in one month this may technically be allowed under the collective agreement. However, it will require the other residents on the rotation to pick up the slack, will be bad for morale on the rotation, limit the educational value of the rotation for you, and possibly adversely impact patient care.

BENEFITS

- The collective agreement includes the requirement that residents be provided with extended health benefits.
- The plan is very comprehensive. It is currently provided by Manulife and is administered by PGME. It includes coverage for prescription drugs, vision care, dental care, and allied health care like physical therapy and massage therapy (with a prescription!)
- Premiums for group disability and life insurance policies are included in the PARO dues withdrawn from your pay cheque.

WHO TO CONTACT FOR HELP

- Chief Residents, Resident Site Coordinators, Hospital Division Heads - (*Initial contacts for call schedule issues and vacation requests*)
- Dr. Najma Ahmed, Program Director
- Resident Members on PGEC
- General Surgery residents on PARO General Council:
 - Nathan Zilbert - nathan.zilbert@utoronto.ca
 - Shelly Luu - shelly.luu@utoronto.ca
- PGME contact for payroll and benefits questions:
 - Jim Kennedy - 416-978-6399/jim.kennedy@utoronto.ca
- The PARO office: 416 979-1182 or paro@paroteam.ca

Division of General Surgery, University of Toronto
Restricted Registration - Terms of Reference
January 2008

(<http://www.restrictedregistrationontario.ca> Project Officer, Post Graduate Education Office, University of Toronto, Laura Silver)

This objective of this document is to inform the practice of Restricted Registration (RR) during the province-wide pilot phase, as it applies to the Division of General Surgery at the University of Toronto. These terms of reference are designed to ensure that this practice does not interfere with the clinical and/or academic training and experience of residents within the program.

Background

In 2004 the College of Physicians and Surgeons of Ontario proposed the practice of RR for Residents. RR also known as “limited licensure” is defined as: “*Residents registered in postgraduate medical education programs leading to certification with the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada who provide clinical services for remuneration outside of the residency program.*” (Council of Ontario Faculties of Medicine).

In September 2006, the Ontario Ministry of Health and Long Term Care identified Restricted Registration as a potential solution to the health human resources challenges in the province. In November 2006, the Post-Graduate Medical Education Councils of Faculties of Medicine (PGE-COFM) approved a proposal to the CPSO and the MOHLTC. At the request of the Minister and after consultations with stakeholders, including CPSO, PARO and other medical schools, the University of Toronto has developed a pilot project for RR. The Project Officer is Laura Silver as outlined above.

A limited license differs from an educational license in that it enables residents to deliver patient care outside of their formal educational training program, *within an area of practice in which they have demonstrated expertise.* There must be *appropriate* supervision from an independently licensed physician and *residents’ practice would be appropriate to their level degree of training.*

What Limited Licensure Is Not

Prior to the licensure changes of 1993, after completing a one-year general rotating internship residents received a general unlimited license to practice medicine. This practice was referred to as moonlighting and during their specialty training, residents worked extra shifts outside their residency training programs, covering hospital wards, emergency departments and providing locums. RR is not a return to this practice.

STANDARD EXPECTATIONS AND REGULATIONS

In conjunction with the CPSO, MOHLTC, PGME-COFM, The Council of Academic Hospitals of Ontario (CAHO), Professional Association of Interns and Residents of Ontario (PAIRO) and the University of Toronto, standard guidelines and expectations have been created for **ALL** residents participating in the program. These guidelines are summarized below:

1. The Program director will have full authority to refuse any resident permission to participate in the pilot or to discontinue their involvement after an application has been accepted;
2. There is NO opportunity for residents to contest a denied application during the pilot phase;
3. Residents must, at a minimum, have successfully completed the MCCQE Parts I and II, 18 months of residency training and be in good academic standing;
4. Each participating program will develop further criteria and training requirements for residents;
5. No resident will be allowed to work in environments which compromise the safety of patients, the resident themselves or their educational training of their home program. The CPSO clearly states:

“The College affirms that neither patient safety nor the well-being of residents be compromised for the purpose of meeting the administrative/staffing needs of hospitals or the personal financial concerns of residents.”

6. Residents MUST work in environments only at their level of training and level of supervision, as expected by their program;
7. The PAIRO-CAHO contract MUST be followed and no exceptions will be made – residents must finish an RR shift at least 12 hours prior to resuming the academic responsibilities of their program:

“...consistent with the collective agreement, residents will be bound by a 1 in 4 call maximum for both residency and extra-rotational shifts. A resident must not schedule an extra-rotational shift such that he/she is post call from this shift on a day in which they have regularly scheduled resident clinical duties.”

8. Residents wishing to work in Emergency Departments or Intensive/Critical Care Units must have successfully completed training in Advanced Trauma Life Support (ATLS) and Advanced Cardiac Life Support (ACLS).

SPECIFIC EXPECTATIONS AND REGULATIONS: Division of General Surgery, University of Toronto

In addition to the minimum guidelines mentioned above, the Division of General Surgery at the University of Toronto has outlined the following requirements:

1. The educational mandate of the residency training program will take priority at all times. RR will not supercede nor interfere with the clinical and academic goals and objectives for residents on clinical or research-based rotations, either stated or implied;
2. Program Director has the right to deny/remove any/all residents from RR at any time. This includes residents in both the clinical and research (surgeon scientist) streams. There is no appeal process for this practice;
3. Within the Division of General Surgery at the University of Toronto, this practice will be largely applicable to the cohort of residents **not** on clinical rotations and participating in research time. Residents completing core rotations will be granted access to RR activities in only exceptional circumstances.
4. Within the Division of General Surgery and during this pilot phase, this practice will be limited to the teaching hospitals within the U of T orbit. Permission for RR outside the U of T orbit of teaching hospital will be granted by the PD in only exceptional circumstances. The resident must demonstrate the educational content of such activity and that it is aligned with the mandate of the residency training program. Both within and outside the U of T orbit of teaching hospitals, a surgical mentor must be identified and agree to supervise the resident in a manner that satisfies the PD;
5. Residents will not be placed in circumstances where their own safety or the safety of patients could be compromised;
6. Residents must have completed a minimum of 24 months of clinical training and have passed the LMCC part II to participate in the RR program;
7. Residents participating in the RR program must have good academic standing within the program and have achieved an overall evaluation of four or greater on the majority of their rotations;
8. Residents must be certified in both Advanced Trauma Life Support (ATLS) and Advanced Cardiac Life Support (ACLS) to participate in RR;
9. The maximum allowable frequency of RR shifts is 4/month and the total number of shifts must be PAIRO-CAHO compliant;
10. Residents in the General Surgery residency training program at the U of T may work in the following environments:
 - a. As surgical assistants
 - b. In an Intensive Care Unit
 - c. Emergency care of surgical patients, including as a resident consultant in an Emergency Department
 - d. In-patient care of surgical patients
 - e. Resident-level appropriate operative care of surgical patients
11. The Post Graduate Education Committee (Residency Training Committee), Division of General Surgery will monitor this activity. Division heads and/or Resident Site Coordinators at each teaching site are responsible to uphold the integrity of the program. Concerns about misuse of RR can be brought forth to the PGEC by any faculty or resident member of the Division of General Surgery.
12. The pilot project and all RR shifts must address all CaNMEDS educational objectives. Any rotation that does not meet these needs or deviates from them will not be granted. (Appendix A)
13. All rotation requests also require approval by the Director of PostGraduate Education.



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