Background: Given the aging population and focus on patient-centered care, all surgeons require skills for communicating with patients with respect to difficult topics including end-of-life decision making.

Objectives: Participants will learn about roles and responsibilities of the surgeon in end of life discussions and advanced care planning in high risk surgical patients and discuss difficult issues that may arise. Participants will acquire tools for conflict resolution.

Reading: Each participant will receive a copy of Atul Gawande’s book “Being Mortal” as a supplemental material. It is highly encouraged that you take the time to read this engaging and important work.

8:00 Breakfast

8:30 Welcome and Introductions (Dr. Ron Levine)

8:40 I’m not a palliative care doctor so why this is important? (Dr Preeti Dhar)

8:55 Discussion of cases.

9:20 Groups report back.

9:40 High –risk surgery and a framework for surgeons discussing resuscitation. (Dr. Karen Devon)

9:50 Video Demonstration and Phraseology (Dr. James Downar)

10:15 break

10:45 Conflict resolution (Dr. James Downar)

12:00 Lunch
Background: Given the increasingly widespread use of online technologies physicians and health care professionals are required to consider how to best protect patients and their own interests. In order to advocate for quality health care we will need to harness opportunities for communication and education, be aware of ethical challenges that may arise and learn to apply principles of professionalism to new settings.

Objectives: Participants will discuss potential benefits and pitfalls of online activities and learn how to maintain prudent boundaries in order to minimize risks to patients, colleagues, the profession, and themselves.

Format: Presentations and group discussions around concepts and case scenarios.

8:00 Breakfast

8:30 Welcome and Introductions Ron Levine, J Bohnen
8:40 So you want to be famous! John Bohnen
9:00 You are what you tweet Karen Devon
9:20 Electronic communication with patients Kathryn Reducka
9:45 Discussion

10:15 Refreshments

10:45 Case scenarios and discussions

12:00 Lunch

Guest Faculty

Kathryn Reducka MD Physician Risk Manager, Canadian Medical Protective Association

Department of Surgery, University of Toronto

John Bohnen MD, FRCSC General Surgeon, St. Michael's Hospital
Karen Devon MD, MSc, FRCSC General Surgeon, Women’s College Hospital
Ronald Levine MD, FRCSC Plastic Surgeon, St. Joseph’s Health Centre; Director, Postgraduate Education
Cases:

1) On a social media platform, someone who is not currently your patient asks you a medical question about the value of a particular surgical approach that their family member is undergoing. How should you respond? What are your considerations? What if a family member of a patient currently in your care tries to communicate with you here? If they email you, is that different? What if the family member is someone you got to know well, but is not related to a current or future patient you will ever care for again?

2) A) You are on rotation in the emergency department. A 30yo F presents with headache after a syncopal episode, disoriented and unable to communicate. The plan is for emergency operation for a presumed brain aneurysm. The medical student, to be helpful, googles the patient and finds that she has a Facebook account. The patient appears to be married and you are able to message her spouse. Should you try to connect with the spouse? Is it ever appropriate to look up patients?

B) You are on a Plastic Surgery rotation preparing to do a TRAM flap on a woman the next day. Before going to bed you log into your Facebook account and note that a friend has posted “wishing my mom luck tomorrow” with a pink ribbon photo. You realize that tomorrow’s patient is your friend’s mom. His timeline shows family pictures of his mom smoking, many of which you believe are recent. Since smoking increases risks of complications and flap failure what would you do? What concerns do you have? Would you discuss this with your friend? With the staff surgeon? What obligations do you have to your patients? What obligations do patient have?

3) A) You are on the admissions committee for medical students applying to your Surgery residency program. You know one of the students and happen to follow him on Instagram. This person posts a lot of photos some of which seem disrespectful to homeless people on the streets of Toronto. His application for residency makes him appear ideal for your program. No one of the committee has seen these posts. What do you do?

B) Soon you will apply to fellowship programs. You note that some programs say “your social media profile might be used in the selection process”. Do you think this is ethical and appropriate, as long as they state this clearly? Do you have concerns about your social media profile? What kinds of posts are questionable or should be avoided? Can you separate your private from your professional life online?

4) You are on call seeing a new patient. Your senior resident is not in house and asks you to take a photo of the xray and email it to her. Later, the staff texts you asking for the MRN so that she can look at the chart from home. Have you been in this type of circumstance? How do you respond to these requests? What are your considerations and options?
Background: The first two years of Surgery residency present intellectual and physical challenges, but the greatest demands may be psychological and emotional. Realistic expectations and effective coping strategies may improve wellbeing and performance.

Objectives: Share ideas and learn strategies to manage common and unexpected situations faced by residents in the first two years of Surgery training.

Format: In presentations and discussions, junior and senior residents, staff surgeons and a CMPA physician will share knowledge and experiences.

8:00 Breakfast
8:30 Welcome and Introductions  Ron Levine, J Bohnen
8:40 No pain, no gain?  John Bohnen
9:00 From the seniors  Senior Residents
9:20 Avoiding and managing legal threats  Kathryn Reducka
9:45 Discussion
10:15 Refreshments
10:45 Case scenarios and discussions
12:00 Lunch

Guest Faculty

Kathryn Reducka MD  Physician Risk Manager, Canadian Medical Protective Association (CMPA), Ottawa

Department of Surgery, University of Toronto

John M A Bohnen, MD, FRCSC  Past Director, Postgraduate Surgical Education
Ronald H. Levine, MD, FRCSC  Director, Postgraduate Surgical Education
**Background:** People in health care recognize the importance of effective communication but how do we know if we communicate effectively? And if we don’t, how can we fix?

**Objectives:** Learn to avoid communication problems in 1) preventable situations and 2) communication ambushes.

**Format:** In open discussions, residents and three surgeons will share experiences and strategies to recognize and avoid communication troubles.

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<th>Time</th>
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<td>8:00</td>
<td>Breakfast</td>
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<tr>
<td>8:30</td>
<td>Welcome and Introductions</td>
<td>Ron Levine, J Bohnen</td>
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<td>8:40</td>
<td>Communication – The Glue of Care</td>
<td>John Bohnen</td>
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<td>9:00</td>
<td>Do I communicate effectively? How will I know?</td>
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<td>9:20</td>
<td>Communication issues in every day practice</td>
<td>Jacques Guilbert</td>
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**Guest Faculty**

Jacques Guilbert MD FRCSC  
Physician Risk Manager, Canadian Medical Protective Association (CMPA), Ottawa

John Bohnen MD, FRCSC  
General Surgeon, St. Michael's Hospital

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