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**Guidelines for Promotion from the  
PGY1 to PGY2 Level of Training in General Surgery  
(June 2013)**

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The following guidelines should be considered in the promotion of PGY1 residents.

**Overall**

1. The resident should achieve a minimum overall global evaluation of 3 on each ITER over the academic year. CanMeds - All
2. The resident should have successful completion of the professionalism assignment. CanMeds - Professional
3. The resident should have completed the practice POS exam (unless excused by the PD because of extenuating circumstances). CanMeds - Medical Expert
4. A mark of >70% on the OSATS exam should be achieved. CanMeds - Medical Expert, Technical Skills
5. The resident must have completed the ATLS program. CanMeds - Medical Expert, Communicator
6. Completion of a minimum of the 4 required PGCORed modules by May 3<sup>rd</sup>. CanMeds - Non-Medical Expert Roles

**Diagnosis and management of common problems:**

7. Based upon the resident's clinical performance and evaluations, the Residency Program Committee (RPC) should be confident in the residents' ability to diagnose, or exclude from the differential diagnosis acute appendicitis. The resident should be able to develop a management plan for patients with appendicitis, including appropriate antibiotic coverage and timing of surgery. CanMeds - Medical Expert
8. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to develop a plan of management for patients with acute biliary colic/cholecystitis including resuscitation, use of antibiotics and timing of surgery. CanMeds - Medical Expert
9. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to diagnose, or exclude from the differential diagnosis, small/large intestinal obstruction. The RPC should be confident in the resident's ability to develop a management plan for patients with small/large intestinal obstruction, including resuscitation, nutrition and timing of surgery. CanMeds - Medical Expert

**Patient consent discussion and performance of procedures:**

10. The resident should have submitted 3 completed OPRS forms for simple appendectomy, with a minimum of 3s in each category by May 31<sup>st</sup> of the academic year. It is expected that a PGY1 resident should be able to complete a straightforward or intermediate level of difficulty case with minimal or some direction (see appended OPRS form). CanMeds - Medical Expert, Technical
11. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to independently gain consent for an appendectomy in a non-pregnant patient, with appropriate attention to correctly explaining risks, benefits, common and severe complications. CanMeds - Medical Expert, Communicator
12. The resident should have submitted (to the PD) 3 completed (dictated) and de-identified consultation notes for ambulatory problems in General Surgery and 3 completed (dictated) de-identified operative notes for management of acute appendicitis. These should also be kept by the resident for their portfolio. CanMeds - Communicator
13. Based upon clinical performance and evaluations, the RPC should be confident that the resident is proficient in the independent management of chest tubes. This includes an understanding of indications and contraindications for insertion, description of landmarks and safe placement, as well as management of patients with chest tubes including their safe removal. CanMeds - Medical Expert, Medical Expert – Technical

**Patient care and management:**

14. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to manage common post op problems such as hypovolemia, hypoxemia and pain. CanMeds - Medical Expert, Manager
15. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to recognize an acutely ill patient and call for help as needed. CanMeds - Medical Expert, Manager, Communicator
16. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to apply the Best Practice in General Surgery Guidelines related to VTE prophylaxis and mechanical bowel preparation. CanMeds - Medical Expert, Manager

# (Operative Performance Rating System (OPRS))

## LAPAROSCOPIC APPENDECTOMY

**Evaluator:**

**Resident:**

**Resident Level:**

**Program:**

**Date of  
Procedure:**

**Time Procedure  
Was Completed:**

**Date Assessment  
Was Completed:**

**Time Assessment  
Was Initiated:**

Please rate this resident's performance during this operative procedure. For most criteria, the caption above each checkbox provides descriptive anchors for 3 of the 5 points on the rating scale. "NA" (not applicable) should only be selected when the resident did not perform that part of the procedure.

### Case Difficulty

1	2	3
Straightforward anatomy, no related prior surgeries or treatment	Intermediate difficulty	Abnormal anatomy, extensive pathology, related prior surgeries or treatment (for example radiation), or obesity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Degree of Prompting or Direction

1	2	3
Minimal direction by attending. Resident performs all steps and directs the surgical team independently with minimum or no direction from the attending, to either the resident or to the surgical team.	Some direction by attending. Resident performs all steps but the attending provides occasional direction to the resident and /or to the surgical team.	Substantial direction by attending. Resident performs all steps but the attending provides constant direction to the resident and surgical team.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Procedure-Specific Criteria

### Incision / Port Placement

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Safe, efficient and optimal positioning of ports for procedure, and anatomy		Functional but somewhat awkward port positioning; generally safe technique; some difficulty inserting ports		Poor choice of port position; unsafe technique in insertion or removal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Exposure

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Optimizes exposure, efficiently directs retraction and camera to maintain exposure and pneumoperitoneum		Adequate establishment and maintenance of pneumoperitoneum, camera angle and retraction but with occasional loss of exposure		Poor/inadequate pneumoperitoneum, camera angle and retraction with frequent loss of exposure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Appendix Dissection

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Expedient and efficient location of appendix and creation of mesoappendix window close to cecum		Adequate but inefficient dissection; some bleeding during creation of mesoappendix window		Dissection of appendix inadequate for safe staple placement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Appendix Division

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Safe and secure staple placement across base of appendix and mesoappendix with clean division of appendix		Adequate but inefficient dissection; stapled securely but spacing not ideal		Dissection of appendix inadequate to place staples and divide safely; multiple attempts to place staples	



**Operation Flow**

<b>5 Excellent</b>	<b>4 Very Good</b>	<b>3 Good</b>	<b>2 Fair</b>	<b>1 Poor</b>	<b>NA</b>
Obviously planned course of operation and anticipation of next steps		Some forward planning, reasonable procedure progression		Frequent lack of forward progression; frequently stopped operating and seemed unsure of next move	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Performance**

Rating of 4 or higher indicates technically proficient performance (i.e., resident is ready to perform operation independently, assuming resident consistently performs at this level)

<b>5 Excellent</b>	<b>4 Very Good</b>	<b>3 Good</b>	<b>2 Fair</b>	<b>1 Poor</b>	<b>NA</b>
<input type="checkbox"/>					

**Please indicate the weaknesses in this resident's performance:**

**Please indicate the strengths in this resident's performance:**