

Guidelines for Promotion from the PGY3 to PGY4 level of training in General Surgery (June 2013)

The following guidelines should be considered in the promotion of PGY3 residents:

<u>Overall</u>

- 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 adequate performance on the annual oral examination (overall >68%). CanMeds Medical Expert, Communicator
- 3. The resident should have achieved an acceptable mark with a demonstrated trajectory of improvement on the annual CAGS examination (within 2 SD of the national mean in the PGY3 year). CanMeds Medical Expert
- The Resident should have achieved a passing mark on the GI curriculum MCQ and simulation skills training evaluation. CanMeds - Medical Expert, Cognitive and Technical Skills
- 5. Based upon clinical performance and evaluations, the RPC should be confident that the Resident regularly prepares for, attends and participates in Q/A activities and journal clubs. CanMeds Scholar, Manager

Diagnosis and management of common problems:

- 6. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to appropriately diagnose and manage breast disease including: fibroadenoma, Phylloides tumour, DCIS, LCIS, invasive breast cancer, locally advanced breast cancer and metastatic breast cancer including appropriate use of mammography, ultrasound, core biopsy, MRI, indications for radiotherapy, chemotherapy, hormonal therapy, neoadjuvant therapy, as well as palliation for advanced breast disease. CanMeds Medical Expert
- 7. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to develop a diagnostic and treatment plan for colorectal malignancy, including differential diagnoses, presenting symptoms. indications for screening, surgical treatment options for acute or elective presentations, role of lymphadenectomy, need for surgical margins, role of chemo and radio therapy, neoadjuvant therapy, treatment of advanced and metastatic disease, as well as palliation. CanMeds- Medical Expert
- 8. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to develop and implement a diagnostic and treatment plan for a pigmented skin lesion. CanMeds Medical Expert



- 9. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to diagnose and develop a plan of treatment for the management of enterocutaneous fistulae including resuscitation, imaging, attention to skin and nutrition, as well as indications and timing for surgery. CanMeds - Medical Expert
- 10. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to diagnose and implement an appropriate plan of management for common peri-anal diseases: fistulae, fissures, abscesses. CanMeds Medical Expert
- 11. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to diagnose and implement an appropriate plan of management for wound abscesses. CanMeds Medical Expert

Consent discussion and performance of procedures:

- 12. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to complete a laparotomy for small bowel obstruction including, opening and closing of the abdomen, lysis of adhesions, small bowel resection with primary (handsewn or stapled) anastomosis of small bowel with minimal or some assistance. CanMeds Medical Expert Technical
- 13. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to complete an uncomplicated inguinal hernia repair with minimal or some assistance. CanMeds Medical Expert, Technical
- 14. The resident should have submitted 3 completed OPRS forms for elective inguinal hernia repair with a minimum of 3s in each category by May 31st of the academic year. It is expected that a PGY3 resident should be able to complete a straightforward operation with minimal or some assistance. (see appended OPRS form) CanMeds Medical Expert, Technical
- 15. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to complete a breast lumpectomy for a malignant lesion with minimal or some assistance. CanMeds Medical Expert,Technical
- 16. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to complete a sentinel LN biopsy with some assistance. CanMeds -Medical Expert, Technical
- 17. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to gain consent for lumpectomy, mastectomy and sentinel LN biopsy in the non pregnant patient, explaining the risks and benefits, with appropriate attention to common and severe complications. CanMeds Medical Expert, Communicator
- 18. The resident should have submitted 3 completed OPRS forms for uncomplicated breast lumpectomy with a minimum of 3s in each category by May 31st of the academic year. (see appended OPRS form) CanMeds - Medical Expert, Technical



19. The Resident should submit 3 completed, de-identified OR dictations for breast lumpectomy to the PD's office by May 31st of the academic year. This should be kept for the Resident's portfolio. CanMeds - Medical Expert, Communicator

Patient care and management:

- 20. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to complete clear, concise and timely consultations in the ambulatory setting. CanMeds Medical Expert, Communicator
- 21. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to communicate effectively with team members in order to ensure rapid and appropriate care for patients requiring emergency surgery. This includes engagement of the peri-operative team (nursing and anesthesia), ED, ICU, attending. CanMeds Communicator, Manager
- 22. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to ready patients for timely discharge and organize essential aspects of discharge planning, including communication with team members, identifying need for home care, follow-up investigations and clinic appointments and consultations. CanMeds Communicator, Manager
- 23. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to apply best practice guidelines related to the management of devices such as urinary catheters, intravenous lines, central lines, drains and chest tubes. CanMeds Medical expert, Manager

Teaching:

24. Based upon clinical performance and evaluations, the RPC should be confident in the ability of the Resident to teach about management of surgical problems and patients to an inter-disciplinary audience including nurses, paraprofessionals, medical students and residents from other disciplines. CanMeds – Medical Expert, Scholar

Operative Performance Rating System (OPRS)

OPEN INGUINAL HERNIA

Evaluator:	Resident:	
Resident Level:	Program:	
Date of	Time Procedure	
Procedure: 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

Was Completed:



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.

Procedure-Specific Criteria

Identification of Indirect Hernia Sac

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Meticulous search for indirect sac, with careful and efficient dissection; with high ligation of sac if present		Some attempt to identify an indirect sac (neck), some inefficiency in sac dissection		Did not specifically search for indirect sac (neck) and/or poor dissection of sac	

Identification of Anatomic Landmarks for Mesh Placement

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Accurately identifies medial, lateral landmarks without prompting for attachment of mesh in region of deep ring and/or inguinal floor		Identifies landmarks after some prompting		Did not identify landmarks until prompted or directed to do so	

Mesh Insertion

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent securing of mesh with consistently appropriate tissue bites, and appropriate tension		Good placement of sutures to secure mesh with only occasional inaccurate bites		Demonstrated inconsistency in accurate placement of mesh sutures, redundancy of mesh or too much tension	

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Fluid movements with instruments consistently using appropriate force, keeping tips in view, and placing clips securely		Competent use of instruments, occasionally appeared awkward or did not visualize instrument tips		Tentative or awkward movements, often did not visualize tips of instrument or clips poorly placed	

General Criteria

Instrument Handling

Respect for Tissue

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
<i>Consistently</i> handled tissue carefully (appropriately), minimal tissue damage		Careful tissue handling, occasional inadvertent damage		Frequent unnecessary tissue force or damage by inappropriate instrument use	

Time and Motion

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Clear economy of motion, and maximum efficiency		Efficient time and motion, some unnecessary moves		Many unnecessary moves	

Operation Flow

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
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	

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)

5	4	3	2	1	
Excellent	Very Good	Good	Fair	Poor	NA

Please indicate the weaknesses in this resident's performance:

Please indicate the strengths in this resident's performance:

PARTIAL MASTECTOMY WITH AXILLARY MANAGEMENT/BREAST BIOPSY

Evaluator:	Resident:			
Resident Level:	Program:			
Detect	T ' D			
Date of Procedure:	Time Procedure Was Completed:			

Date AssessmentTime AssessmentWas Completed: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

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.

Procedure-Specific Criteria

i laining of h					
5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent planning of incision (use of wire, if utilized)		Understands most principles in planning incision		Poor incision planning	

Planning of Incision

Margins of Excision

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent technique in assuring appropriate margins of excision		Adequate margins of excision		Inappropriate margins and/or lesion entered during dissection	

Sentinel Lymph Node Mapping

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Rapid and efficient SLN mapping		Utilized scintigraphy to identify SLN(s) but with some inefficiencies		Poor knowledge and technique in SLN mapping	

Anatomic Dissection of Borders

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Rapid Level 1-2 dissection; excellent identification of borders		Hesitant dissection, but adequate identification of borders		Poor dissection and inadequate identification of borders	

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Clearly identified and preserved nerves during dissection		Some unprompted nerve identification and preservation		Failed to clearly identify nerves	

Identification of Nerves

Suturing Technique

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent suture placement, appropriate tension and constant square knots		Satisfactory suture placement, occasional failures in providing square knots		Poor suture placement and knot tying technique	

General Criteria

Instrument Handling

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Fluid movements with instruments consistently using appropriate force, keeping tips in view, and placing clips securely		Competent use of instruments, occasionally appeared awkward or did not visualize instrument tips		Tentative or awkward movements, often did not visualize tips of instrument or clips poorly placed	

Respect for Tissue

5	4	3	2	1	
Excellent	Very Good	Good	Fair	Poor	NA
Consistently handled tissue carefully (appropriately), minimal tissue damage		Careful tissue handling, occasional inadvertent damage		Frequent unnecessary tissue force or damage by inappropriate instrument use	

Time and Motion

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Clear economy of motion, and maximum efficiency		Efficient time and motion, some unnecessary moves		Many unnecessary moves	

Operation Flow

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
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	

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)

5	4	3	2	1	
Excellent	Very Good	Good	Fair	Poor	NA

Please indicate the weaknesses in this resident's performance:

Please indicate the strengths in this resident's performance: