Guidelines for Promotion from the PGY4 to PGY5 Level of Training in General Surgery *(June 2013)*

The following guidelines should be considered in the promotion of PGY4 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 adequate performance (>68% overall) on the annual oral examination. CanMeds - Medical Expert, Communicator

3. The resident should have achieved an acceptable mark (within 2 SD of the national mean in the PGY4 year) with a demonstrated trajectory of improvement on the annual CAGS examination. CanMeds – Medical Expert

4. The Resident should have achieved a passing mark on the GI curriculum MCQ and simulation skills training evaluation. CanMeds - Medical Expert, 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

6. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to discuss the indications for thyroidectomy and its complications. CanMeds - Medical Expert

7. The Resident should have successfully completed the ATOM course. CanMeds - Medical Expert, Technical

Team management, management of complications and adverse events:

8. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to manage an in-patient team and undertake treatment decisions related to peri-operative management, in consultation with the attending surgeon. CanMeds - Medical Expert, Manager

9. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to recognize complications of intestinal surgery (gastric, small bowel, large bowel, low rectal), such as anastomotic disruption, abscess, fistulae and post operative bleeding. The resident should be able to implement appropriate interventions related to resuscitation, imaging, interventional drainage, management of pain and nutrition, need for, and timing of re-operation. The resident should be able to discuss with patients and families the nature of complications and the anticipated plan of management. CanMeds - Medical Expert, Manager, Communicator

10. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to recognize and develop appropriate management plans for complications such as myocardial infarction, deep venous thrombosis, pulmonary embolism, pneumonia, urinary tract infection and catheter related blood stream infection. The resident should be able to discuss with patients and families the nature of complications and the anticipated plan of management. CanMeds – Medical Expert, Manager, Communicator

11. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to complete timely and clear documentation in the medical record related to unexpected events and complications. CanMeds - Medical Expert, Communicator

12. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to disclose an adverse event or medical error in appropriate circumstances. CanMeds - Medical Expert, Communicator, Health Advocate

13. Based upon the Resident's clinical evaluations and performance, the RPC should be confident in the Resident's ability to identify the need for an end of life/palliative care discussion, arrange appropriately timed meetings with relevant parties and engage in discussion addressing the patients' and families' concerns. The resident should be able to document the contents of these discussions in the medical record. CanMeds - Manager, Communicator, Health Advocate

Consent discussion and performance of procedures:

14. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to safely perform a laparotomy for trauma demonstrating the achievement of hemostatis by packing for hemorrhage. CanMeds - Medical Expert, Technical

15. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to perform a laparotomy for peritionits and achieve source control through operative techniques, 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 safely complete an uncomplicated right, left hemi-colectomy or sigmoid resection with minimal or some assistance. CanMeds - Medical Expert, Technical

17. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to complete a cholecystecomy for acute cholecystitis, demonstrating principles of safety related to dissection of the triangle of Calot, attention to hemostasis, port placement, conversion to an open procedure and indications for intra-operative cholangiogram. CanMeds - Medical Expert, Technical

18. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to gain consent for cholecystecomy in the urgent setting in a non-

pregnant patient, with appropriate attention to common and severe complications. CanMeds - Medical Expert, Communicator

19. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to gain consent for laparotomy for peritonitis, in a non-pregnant patient, with appropriate attention to common and severe complications. CanMeds - Medical Expert, Communicator

20. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to gain consent for right, left colectomy or sigmoid resection in the non-pregnant patient, with appropriate attention to common and severe complications. CanMeds - Medical Expert, Communicator

21. The Resident should submit to the Program Director's office 3 completed OPSR forms for right, left or sigmoid resection with 4 in most categories by May 31^{S}t of the academic year. CanMeds - Medical Expert, Technical

22. The Resident should submit 3 de-identified OR dictations to the Program Director's office for left-hemicoloectomy or sigmoid resection by May 31st of the academic year. These should be kept for the Resident's portfolio. CanMeds - Medical Expert, Communicator

23. The Resident should submit 3 de-identified OR dictations to the Program Director's office for acute cholecytitis by May 31st of the academic year. These should be kept for the Resident's portfolio. CanMeds - Medical Expert, Communicator

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)

LAPAROSCOPIC COLECTOMY

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
☐	☐	☐

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

Port Placement

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Optimal positioning of ports for excellent camera view and orientation/angles of working instruments; safe and efficient placement		Functional but somewhat awkward port positioning; generally safe technique but some difficulty inserting ports		Poor choice of port position; unsafe technique in insertion or removal	
☐	☐	☐	☐	☐	☐

Exposure

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Efficient establishment and maintenance of appropriate pneumoperitoneum, camera angles and retraction		Occasional loss of exposure (slowing procedure somewhat but not affecting outcome) due to intermittent loss of pneumoperitoneum, inefficient camera guidance, or direction of retraction		Continued lack of exposure to the point of significant delays or potential patient harm	
☐	☐	☐	☐	☐	☐

Identification and Assessment of Pathology/Disease Process

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent identification of lesion, affected area of bowel, or metastases by visualization or palpation		Required some direction to identify segment of bowel for resection, perceived extent of disease with guidance		Complete reliance on faculty instruction for identification of lesions and associated findings (metastases, local inflammation, infection, etc.)	
☐	☐	☐	☐	☐	☐

Dissection

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Meticulous and efficient independent dissection of bowel segment from peritoneal attachments, adhesions or adjacent organs		Reasonable development of planes of dissection but needed moderate guidance to maintain progress and protect adjacent structures		Unable to safely dissect or mobilize affected segment of bowel. Injured adjacent structures	
☐	☐	☐	☐	☐	☐

Extent of Resection

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Appropriately selected optimal proximal and distal resection sites (adequate margins for cancer, inflammation or perforation), expert handling of mesentery to maintain blood supply and achieve adequate lymphadenectomy (if applicable)		Required some assistance in selecting optimal points of resection to safely remove disease		Selected resection sites that would have left residual disease (would have removed too much healthy bowel, or would have left grossly ischemic bowel ends for anastomosis or stoma creation)	
☐	☐	☐	☐	☐	☐

Prevention of Contamination

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Independently displayed meticulous preventive measures against intraperitoneal contamination (e.g., took measures to manage the operative field, removal of specimen and soiled instruments)		Needed some guidance to contain contamination but demonstrated most appropriate techniques to minimize soiling		Poor technique resulted in avoidable gross contamination from bowel contents	
☐	☐	☐	☐	☐	☐

Creation of Anastomosis (stapled or hand-sewn) OR stoma

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Independently established excellent appostion of bowel layers and proper orientation of bowel ends to prevent torsion of the mesentery OR excellent position and creation of stoma		Some guidance needed in creating anastomosis due to concern for apposition of layers, tension on the anastomosis, or orientation of the bowel OR some guidance needed for position/creation of stoma to avoid tension and allow for proper maturation		Complete reliance on faculty for appropriate mucosal apposition, avoidance of tension, or torsion	
☐	☐	☐	☐	☐	☐

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

Please indicate the weaknesses in this resident's performance:

Please indicate the strengths in this resident's performance:

Operative Performance Rating System (OPRS)

SMALL BOWEL RESECTION – COLECTOMY

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
☐	☐	☐

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

Abdominal Exploration

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Performed complete, efficient and systematic abdominal exploration		Performed complete abdominal exploration but somewhat disorganized		Performed disorganized and incomplete abdominal exploration	
☐	☐	☐	☐	☐	☐

Use of Stapling Devices (stapled anastomosis)

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent understanding of stapling devices, appropriate, efficient use		Understanding of stapling devices, less than efficient use		Poor knowledge, inefficient use of device	
☐	☐	☐	☐	☐	☐

Suture Placement (hand sewn anastomosis)

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent spacing of sutures (2-5mm) and consistent bites into submucosa		Occasional lapses in good spacing and depth of anastomotic sutures		Poor spacing and depth of anastomotic sutures	
☐	☐	☐	☐	☐	☐

Extent of Resection

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent understanding of resection margins and extent of lymph node excision		Fair understanding of margins and extent of nodal resection		Poorly understood resection margins and extent of nodal tissue excision	
☐	☐	☐	☐	☐	☐

Prevention of Contamination

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Excellent understanding and utilization of measures to prevent intraperitoneal contamination		Aware of measures, but utilized somewhat inefficiently		Poor utilization of measures to prevent peritoneal contamination	
☐	☐	☐	☐	☐	☐

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

Please indicate the weaknesses in this resident's performance:

Please indicate the strengths in this resident's performance: