

Colorectal Surgery Residency Program

Educational Objectives - **Mount Sinai Hospital Red Team**

University of Toronto

2020

The primary goal of the University of Toronto Colorectal Surgery Program is to produce colorectal surgeons who are dedicated to the pursuit of an academic surgical career.

The clinical year will include a 2-4 four month rotation at the Mount Sinai Hospital on the Red Team, working with Drs. Brar, de Buck van Overstraeten and Kennedy. In this rotation, there is a concentration on major abdominal surgery, especially in the areas of complex inflammatory bowel disease, re-operative surgery, and oncology. The resident participates in the pre-operative and postoperative care of patients as well as attending weekly IBD rounds, multi-disciplinary cancer conferences, ambulatory clinics and performing endoscopy.

Evaluations will include a mid-rotation evaluation, communication (written and CANMEDS communicator check list), performance-based assessment on operative skills and an oral examination. 360 degree evaluations will also be completed on the resident by the OR nurses, as well as by nurses and other health care professionals on the floor. Finally, an In-training evaluation at the end of the rotation on each resident will be completed

While this rotation focuses on the CanMEDS Medical Expert, Collaborator and Leader, it is expected that the trainee will demonstrate proficiency in all spheres.

EDUCATIONAL OBJECTIVES – Mount Sinai Hospital, Red Team Rotations

1. MEDICAL EXPERT

At the completion of their rotation, colorectal residents will be able to:

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient centered medical care
2. Perform a consultation, including the presentation of well-documented assessments and recommendations in written form
3. Apply comprehensive knowledge of anatomy, physiology, pathology, pathophysiology, etiology and radiology and complications of the disease entities listed in Appendix 1.
4. Perform a complete and appropriate assessment of a patient
5. Elicit a history that is relevant, concise and accurate to context and preferences for the purposes of prevention and health promotion, diagnosis and/or management
6. Perform a focused physical examination that is relevant and accurate
7. Select appropriate investigative methods in a resource-effective and ethical manner
8. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans, including critically ill patients
9. Implement a management plan in collaboration with the patient and their family
10. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to colorectal surgery
11. Manage patients in the ambulatory setting, demonstrating knowledge of common office techniques and procedures
12. Manage the patient throughout the entire in hospital course, demonstrating knowledge of and being able to treat potential complications of the disease processes and operative procedures and their treatment.

13. Demonstrate the ability to obtain appropriate informed consent
14. Proficiently use appropriate procedural skills, both diagnostic and therapeutic
15. Order appropriate laboratory, radiologic and other diagnostic procedures and demonstrate knowledge in the interpretation of investigations
16. Safely and effectively perform therapeutic procedures relevant to colorectal surgery listed in Appendix 2.

2. COMMUNICATOR

At the completion of their rotation, colorectal residents will be able to:

1. Complete well-documented assessments and recommendations in written form
2. Develop rapport, trust and ethical therapeutic relationships with patients and families when managing complex IBD or colorectal cancer patients
 - a. respect patient confidentiality, privacy, autonomy and cultural diversity
 - b. listen carefully and show empathy
 - c. be aware of, and responsive to, non-verbal cues
 - d. use appropriate language to ensure patient understanding
3. Convey relevant information and explanations accurately to patients and families, in such a way that it is understandable, encourages discussion and participation in decision-making
4. Demonstrate a common understanding on issues, problems and plans with patients, families to develop a shared plan of care
5. Address challenging communication issues effectively, such as delivering bad news, and addressing anger, confusion and misunderstanding
6. Convey effective oral and written information about medical encounters.

3. COLLABORATOR

At the completion of their rotation, colorectal residents will be able to:

1. Participate effectively and appropriately in an interprofessional healthcare team around colorectal cancer care and care of the complex IBD patient.
2. Work with others to assess, plan, provide and integrate care for patients with stomas
3. Participate in joint rounds with other surgeons, pathologists, medical and radiation oncologists, radiologists and gastroenterologists
4. Demonstrate a respectful attitude towards other medical and surgical colleagues
5. Contribute effectively to patient review working rounds
6. Contribute constructively to positive team dynamics.
7. Negotiate and resolve differences with other services regarding resources.
8. Work well with other team members to prevent misunderstanding, manage differences and resolve conflict.
9. Empower team to focus on immediate concerns.

4. LEADER

At the completion of their rotation, colorectal residents will be able to:

1. Demonstrate leadership in the healthcare team, as appropriate

2. Participate in quality process evaluation and improvement, such as patient safety initiatives in the operating room and on the ward around surgical site infection (SSI) prevention
3. Help to organize and lead multidisciplinary conferences for rectal cancer patient management, including documenting outcomes from the conference.
4. Apply evidence for cost appropriate care of colorectal diseases
5. Participate in development of duty rosters

5. HEALTH ADVOCATE

At the completion of their rotation, colorectal residents will be able to:

1. Respond to individual patient health needs, identifying opportunities for advocacy, health promotion and disease prevention, with respect to diseases of the colon and rectum.
2. Promote the health of patients, communities and populations with respect to diseases of the colon and rectum through patient education

6. SCHOLAR

At the completion of their rotation, colorectal residents will be able to:

1. Critically appraise the colorectal literature around rectal cancer, applying the results to their decision making.
2. Facilitate the learning of patients, families, students, residents and other health professionals on the colorectal team.

7. PROFESSIONAL

The colorectal residents will be able to:

1. Exhibit professional behaviours, including honesty, integrity, commitment, compassion, respect and altruism
2. Recognize and respond appropriately to ethical issues in practice
3. Apply the principles of patient confidentiality
4. Maintain appropriate relationships with patients

Appendix 1 – Diseases Entities

Abdominal disorders

1. Mucosal ulcerative colitis
 - a. Proctosigmoiditis
 - b. acute complications
 - c. chronic complications
2. Crohn's Disease
 - a. Small bowel
 - b. large bowel
 - c. anal
3. Vascular Disease
 - a. occlusive disease
 - b. arterial
 - c. venous
 - d. ischemic colitis
4. Neoplastic Disease
 - a. Malignant tumours
 - i. Carcinoid
 - ii. GIST
 - iii. Lymphoma
 - iv. Rectal cancer
5. Obstruction
 - a. mechanical – stricture, abscess, extrinsic, post radiation
 - b. paralytic
 - c. pseudo-obstruction
6. Fistulas
 - a. small bowel
 - b. large bowel

Anorectal Disorders

1. Crohn's perianal disease
2. Anal/rectal fistulas
3. Rectal Strictures
4. Anastomotic strictures
5. Necrotizing infections of the perineum: gas forming cellulitis, Fournier's gangrene

Appendix 2 – Procedures

1. Anorectal procedures
 - a. Incision and drainage of abscess
 - b. Anal fistulotomy +/- seton placement
2. Operative procedures
 - a. Right hemicolectomy or ileocectomy with anastomosis
 - b. Strictureplasty
 - c. Proctocolectomy with ileostomy
 - d. Proctocolectomy with ileoanal anastomoses, pelvic pouch procedures
 - e. Colectomy with ileorectal anastomosis
 - f. Subtotal colectomy with ileostomy
 - g. Anterior proctosigmoidectomy with colorectal anastomosis
 - h. Hartmann procedure
 - i. Takedown of Hartmann colostomy
 - j. Closure ileostomy and colostomy

- k. Loop ileostomy and colostomy
- l. Koch pouch procedures
- m. Colonoscopy with or without biopsies and/or polypectomy