

**McMaster Otolaryngology-Head and Neck Surgery**  
**Goals & Objectives & Competencies**  
**General Surgery Rotation**  
**CanMEDS 2015**

**Foundations of Discipline Stage-First Year Resident**

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**Overview**

During the first year of residency training the resident will spend 1 block on the General Surgery service at the Hamilton General Hospital. The resident will gain experience in assessing and managing patients on the wards, the emergency department and in the operating room. All residents must review their learning objectives and competencies with the General Surgery staff at the beginning and at the end of the rotation to facilitate meeting the objectives and competencies.

Schedule of the week: Varies weekly and needs to be confirmed with their supervisor.

You will be expected to participate in the activities of the General Surgery department such as attending outpatient clinics, participating in operations in the outpatient area as well as in the main operating room, participating in endoscopic procedures, seeing and following inpatients, doing consultations and cover call.

**Call:**

You will be assigned for in hospital call with the General Surgery service from 17:00 to 07:00 hrs. The General Surgery supervisor or delegate will schedule your call duties. At the end of the call shift, you must make handover of patients to the team when indicated. Call will be set according to PARO guidelines.

**Overall Objectives & Competencies:**

*It is recognized that the resident may not be exposed to all elements of these objectives and competencies; however at the conclusion of the rotation the resident should demonstrate knowledge or competency in the following:*

The resident is expected to gain understanding and knowledge of the foundational issues in acute and chronic general surgical problems, including how to assess, and diagnose these conditions systematically, and how to apply clinical judgment in the prescription of treatment. Also residents will be working at completing Entrustable

Professional Activities (EPAs) observations from the Foundations of Discipline stage of the Surgical Foundations program. The EPAs are listed on the resident's Competence by Design road map schedule and at the end of this document. For the specific details of each EPA, please refer to the Royal College Mainport or MedSIS resident ePortfolio and to the educational resident manual located on the Otolaryngology-Head & Neck Surgery division website.

*(Please note that in brackets with SF you will find corresponding Surgical Foundations competencies when applicable; and objectives/competencies in **bold** are the ones assessed on the in training evaluation report-ITER)*

## **Specific Objectives and Competencies:**

### **Medical Expert**

- (1.4) Apply knowledge of the clinical and biomedical sciences relevant to surgical patients relevant to Surgical Foundations program
- Indications for, complications, and benefits of nutritional support, including enteral and parenteral feeding (SF 1.3.6.)
  - **Principles of advanced trauma life support (ATLS) or trauma care including initial management (SF 1.3.13.)**
  - Principle of Wound healing as it relates to surgical management (SF 1.3.16.4)
  - **Principles of routine post-operative patient care (SF1.3.17.)**
    - Wound care (SF 1.3.17.1.)
      - Intentionally delayed wound closure (SF 1.3.17.1.1.)
      - Negative pressure wound therapy (SF 1.3.17.1.2.0)
    - Management of tubes and drains (SF 1.3.17.2.)
    - Fluid management (SF 1.3.17.3.)
    - Pain management (SF 1.3.17.4.)
- (2.4) Establish a patient-centred management plan
- Pre-operative optimization of the patient with following conditions:**
- Disorders of hemostasis and use bloods products (SF 2.4.1.3.)
  - Infections (SF 2.4.1.6.)
  - Malnutrition (SF 2.4.1.8.)
  - Impact of obesity (SF 2.4.1.9.)
  - Use of prophylaxis (antibiotic, thromboembolic, tetanus (SF 2.4.3.)
- (4.1) Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (SF 4.1.)

- Fluid, electrolyte and acid base balance (SF 4.1.1.2.5.1.)
  - **Gastrointestinal (SF 4.1.1.2.3)**
    - **Bleeding**
    - **Bowel obstruction**
    - **Bowel perforation**
    - **Fistula**
    - **Ileus**
  - Thromboembolic (SF 4.1.1.2.6.)
    - Acute arterial occlusion
    - Deep venous thrombosis
  - **Infection and Sepsis (SF 4.1.1.2.7.)**
- (1.5) Perform appropriately-timed clinical consultations including the presentation of well-documented assessment of the surgical patient and recommendations in written/verbal form in response to a request from another health care professional (SF 1)
- (1.6) **Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately (SF 2.1.)**
- (2.1) **Prioritize issues to be addressed in a patient encounter (SF 2.1.)**
- (2.1) **Identify and recognize life threatening or emergent issues of surgical patients including but not limited to patient involved in trauma, upper airway obstruction, shock of all types, sepsis, GI bleeding, acute abdominal problems, post op bleeding**
- (2.2) **Ability to elicit complete history, perform a physical exam and select appropriate investigations , and interpret their results for the purpose of diagnosis and management, disease prevention and health promotion (SF 2.2.)**
- (2.4) **Establish a patient-centered management plan that includes non-surgical/medical management, pre-operative, peri-operative, and post-operative care (SF 2.4.)**
- (3.4) Provide assistance and function as first or second assistance for the wide range of general surgical procedures (SF 3.4.15.)
- (3.4) Perform the following procedures in a skillful, fluid, and safe manner with minimal assistance:
- Use of common surgical instruments such as but not limited to needle drivers, retractors, forceps, clamps, electrocautery, scalpel and scissors (SF 3.4.14.)
  - Abdominal incision (SF 3.4.18.1.)
  - Abdominal closing/suturing (SF 3.4.18.5.)
  - Closure of simple wounds (SF 3.4.18.5.)
  - Appropriate use of tubes and drains (SF 3.4.18.7.)
  - Insertion of Foley catheter (SF 3.4.18.8.)
  - Insertion of a nasogastric tube (SF 3.4.18.9.)

- Incision and drainage of skin and subcutaneous abscesses (SF 3.4.18.12.)
- Node biopsies (axillary, inguinal) (SF 3.4.18.13.)
- Elective tracheostomy and tracheostomy care (SF 3.4.19.3.2.)
  
- EKG performance and interpretation
  - See and understand the following procedures:
- PEG and open gastrostomy

(4.1) Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (SF 4.1.)

(5.2) Use cognitive aids such as procedural checklists, surgical timeouts, debriefing, structured communication tools, or care paths to enhance patient safety.

### **Communicator**

(2.2) **Provide a clear structure for and manage the flow of an entire patient encounter (SF 2.2.)**

(5.1) Document clinical encounters in an accurate, legible, complete, timely and accessible manner to adequately convey clinical reasoning and rational for decisions (SF 5.1.)

(5.3) Share information with patients and others in manner that respects patient privacy and confidentiality and enhances understanding (SF 5.3.)

### **Collaborator**

(1.1) **Establish and maintain positive relationships with physicians and other colleagues in the health care professions (SF 1.1.)**

(1.2) Consult as needed with other health care professionals, including other physicians or surgeons (SF 1.2.)

(2.1) Show respect toward collaborators (anesthesiologist, nurses, surgeons and their team) (SF 2.1.)

(3.2) **Demonstrate safe handover of care, both verbal and written (SF 3.2.)**

### **Leader**

(1.2) **Contribute to a culture that promotes patient safety (SF 1.2.)**

(1.4) Use health informatics to improve the quality of patient care and optimize patient safety effectively (SF 1.4.)

### **Health Advocate**

(1.1) **Identify risk factors related to general surgical conditions and work with patients to address determinants of health that affect them, and their access to needed health services and resources (SF 1.1)**

### **Scholar**

(1.2) Maintain a surgical procedure log (SF 1.1.2.1.)

- (3.1) Recognize uncertainty and knowledge gaps in clinical encounters and generate questions relevant to general surgery safe practice while on rotation (SF 3.1.)

## **Professional**

- (1.1) Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality (SF 1.1.)

## **Entrustable Professional Activities**

### **Assessment:**

In training evaluation report- ITER on McMaster MedSIS must be completed

*The following EPAs from the Surgical Foundations Program assessment forms must be completed during the rotation; however at the conclusion of the rotation it is not expected that all EPAs will be achieved:*

*Form 1-Royal College Mainport ePortfolio or McMaster MedSIS*

*Form 3-Royal College Mainport ePortfolio or McMaster MedSIS*

**During the rotation, you need to work on the following Surgical Foundations EPAs for competencies:**

#### ***EPA 2.2***

Providing initial management for trauma patients

#### ***EPA 2.3***

Assessing and performing risk optimization for preoperative patients in preparation for surgery

#### ***EPA 2.7***

Managing uncomplicated postoperative surgical patients

#### ***EPA 2.8***

Managing postoperative patients with complications

### **Bibliography suggestions**

Townsend Courtney W: *Sabiston Textbook of Surgery*, 18<sup>th</sup> ed., 2007

Lawrence Peter F: *Essentials of General Surgery*

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