Queen’s University  
Department of Surgery – Division of General Surgery  
Rotation Specific Goals and Objectives  

General Surgery Clinical Teaching Unit - Oshawa  

Rotation Description  

Lakeridge Hospital in Oshawa is a satellite clinical teaching unit for the Queen’s General Surgery Residency. It fulfills an essential role in providing a high volume surgical experience at all levels of training in a large urban (non-university) setting.

The clinical teaching unit is split into two teaching teams (White & Red).  
White Team: Dr. Ken Woolfson (colorectal surgery), Dr. Algis Valiulis (with interest in MIS, HPB, thyroid), Dr. Laurie Wherrett (with interest in breast, thyroid and ICU), Dr. Kouros Moozar (surgical oncology, MIS)  
Red Team: Julia Jones (surgical oncology), Dr. Ian Chin (colorectal), Dr. Emmanuel Amurawaiye (interest in ICU and trauma), Dr. Pankaj Senger (interest in thoracics)

Resident Responsibilities  

Chief Residents  
1. Ward Duties: Would oversee and work with both teaching teams. They would specifically follow any patients they operated on and be a resource to the senior and junior residents regarding any patient issues.
2. Call Duties: Cover 1 in 3 out of house or 1 in 4 in house per PAIRO rules. Ideally if staffing allows chief residents should be paired with a junior off service resident.  
   a. Responsible for housestaff call schedule
3. OR Duties: In charge of assigning house staff to ORs each day. Choosing cases should be in the context of a list.
4. Teaching: have an active role in teaching junior residents and medical students

Senior Residents  
1. Ward Duties: Would be responsible for running one of the two teaching teams.  
   a. Primarily responsible for patient care on wards  
   b. Supervise junior residents and medical students
2. Call Duties: Cover 1 in 3 out of house or 1 in 4 in house as per PAIRO rules. Should not be paired on call with chief residents and ideally not with junior surgical residents if possible.
3. OR Duties: Cover ORs as assigned by Chief Resident.
4. Teaching: have an active role in teaching junior residents and medical students

Junior Residents  
1. Ward Duties: first call to ward to manage patient care issues except the critically ill
2. Call Duties: 1 in 3 out of house or 1 in 4 in house as per PAIRO rules.
3. OR Duties: attend OR or endoscopy list as assigned by chief resident.
4. Teaching: take an active role in teaching medical students

**Medical Expert/Clinical Decision-Maker**

A. Community Surgery
   1. Understanding and management of commonly encountered General Surgical problems including but not limited to;
      i. Abdominal wall hernias both chronic and acute (incarcerated and strangulated)
      ii. Routine biliary tract disease
      iii. Benign and common malignant disease of the colon
      iv. Benign anorectal problems (hemorrhoids, fissures, abscesses, fistula-in-ano and condylomata)
      v. Common skin and soft tissue problems (sebaceous cysts, routine skin cancers – squamous cell & basal cell, lipomas, ingrown nails, etc.)
      vi. Generalized and localized lymphadenopathy

B. Colorectal Surgery - Diseases of the small bowel, colon, rectum and anus;
   1. Full understanding of the presentation, investigation, pathophysiology and treatment, including the surgical interventions for;
      i. Inflammatory bowel disease including crohn’s disease, ulcerative colitis, ischemic colitis, and other infectious and non-specific colitities.
      ii. Small bowel and colonic neoplasm’s both benign and malignant.
      iii. Neoplasm’s both benign and malignant of the rectum and anus
      iv. Conditions of the Appendix
      v. Diverticular disease of the small bowel
      vi. Diverticular disease of the colon

C. Breast Surgery
   1. Full understanding of the anatomy, physiology and pathophysiology of the breast.
   2. Demonstrate the ability to surgically manage diseases of the breast.

D. Endocrine Surgery
   1. Full understanding of the anatomy, physiology, and pathophysiology of the thyroid gland
   2. Demonstrate the ability to surgically manage diseases of the thyroid

E. Critical Care
   1. Understand and manage the septic patient
   2. Investigate and manage cardiorespiratory, renal, hepatic and multisystem organ failure.
   3. Manage patients requiring respiratory/ventilatory support and inotropic support
      See Critical Care Goals and Objectives.

F. Nutrition
   1. Understand the indications, rational and therapeutic options of both enteral and parenteral nutrition
Technical Competencies

A. Junior Resident
   a. Able to manage the ward with the guidance of a senior/chief resident.
      Recognizes most common post-operative complications and deals with them appropriately. Able to arrange and facilitate efficient investigation of patients in the emergency department and on the surgical ward.
   b. Competently opens and closes the Abdomen
   c. Undertakes routine hernia repairs
   d. Performs simple appendectomies
   e. Undertakes simple skin and soft tissue biopsies
   f. Assists with complex and laparoscopic procedures
   g. Performs breast biopsies

B. Senior/Chief Resident
   a. Manages the ward and performs consultations as a junior attending staff.
   b. Competently undertakes endoscopic procedures of the colon both diagnostic and therapeutic
   c. Undertakes the full range of surgical care involving common and complex colorectal surgery
   d. Undertakes the full range of surgical care involving common and complex breast surgery
   e. Undertakes the full range of surgical care involving uncomplicated thyroid surgery
   f. Undertakes the full range of common community surgical procedures including cholecystectomy, cholangiogram, and hernia surgery.
   g. Undertakes difficult appendectomies both open and laparoscopically.
   h. Routine skin and soft tissue biopsies both incisional and excisional.

Communicator

A. Establishes a therapeutic relationship with the patient and the family or significant support persons recognizing the importance of understanding, trust, respect, empathy and confidentiality.
B. Able to obtain a complete history of the presenting problem including the patients beliefs, concerns and expectations while considering important factors such as age, gender, cultural, spiritual and socio-economic background.
C. Effective listener, allowing the patient to participate in the decision making process.
D. Cooperates and communicates effectively with other members of the health care team.
E. Demonstrates skill in communicating with others that have different ethno-cultural backgrounds and in communicating with angry and hostile patients and families.
Collaborator

A. Consults effectively with other physicians and health care professionals. Works effectively and harmoniously with the entire health team.
B. Contributes and takes a leadership role in the interdisciplinary team.
C. Is able to describe the role of all members of the health care team.
D. Brings the same attributes to both the clinical setting as well as the research and quality assurance settings.

Manager

A. Utilizes resources wisely to balance patient care, research and education.
B. Demonstrates the ability to work effectively and cooperatively in a health care team environment.
C. Uses technology to optimize patient care, life long learning and other clinically related activities.

Health Advocate

A. Able to identify important determinants of health affecting patient’s health.
B. Contributes effectively to improve the health of patients and communities
C. Responds to situations in which advocacy is appropriate for the patient, the profession and society in general.
D. Understands the role and function of support groups such as the Ileitis and Colitis Society and the Canadian Cancer Society.

Scholar

A. Uses evidenced based practice to insure optimal and current patient care
B. Facilitates the education of junior residents, medical students and other member of the health care team.
C. Contributes to the development of new knowledge.

Professional

A. Delivers the highest quality care with integrity, honesty and compassion.
B. Exhibits appropriate personal and interpersonal professional behaviour.
C. Practices medicine with the ethical consistency and obligation of a Medical Professional.

Evaluation Process
Residents will be evaluated by the following means. These evaluations need to be timely with appropriate feedback.

A. Point of Care Evaluations
   1. OR
   2. Clinic/Ward
   3. Endoscopy

B. Summative End of Rotation Evaluation
   1. 360° input (staff, students, nursing, allied health care professionals)