McMaster Otolaryngology-Head and Neck Surgery
Goals and Objectives for the General Surgery Rotation
Resident Foundation Stage

Overview

During the first year of their 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 with the General Surgery staff at the beginning and at the end of the rotation to facilitate meeting the objectives.

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 offices and 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 on the ward and in the emergency room and cover call.

Call:

You will be assigned to be on call with the general surgery service. You are expected to give handover to the resident on call. The general surgery supervisor or delegate will schedule your call duties. Call will be set according to PARO guidelines.

Overall Objectives:

*It is recognized that the resident may not be exposed to all elements of these objectives; 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. The resident will learn how to manage the metabolic, fluid, electrolyte and acid-base needs of patients. The resident will learn the critically important skills of operating room department and surgical assisting, and as well will function as clinical surgeon at an introductory level in selected procedures.
Specific Objectives:

Medical Expert

(1.3) Apply knowledge of the clinical and biomedical sciences relevant to surgical patients

-Pre-operative assessment and care (SF 2.1)
  - Impact of age (SF 2.1.2.1)
  - Impact of obesity (SF 2.1.2.3)
  - Hemodynamics and oxygen transport (SF 2.1.2.4)
  - Hemostasis mechanisms and disorders use of blood products (SF 2.1.2.5)
  - Fluid, electrolyte and acid base balance (SF 2.1.2.6)
  - Metabolic and nutritional care (SF 2.1.2.8)

- Indications, complications and benefits for nutritional support, including enteral and parenteral feeding (SF 2.1.6)

-Wound healing as it relates to surgical management (SF 2.2.3, 5.4.2)

-Routine post-operative care (SF 2.3)
  - Fluid management (SF 2.3.1)
  - Wound care (SF 2.3.2)
  - Pain management (SF 2.3.3)

-Common postsurgical infections (SF 2.4.13)

-Acute abdominal problems (obstruction, inflammatory, ischemia, perforation)

-Gastro-intestinal bleeding (upper and lower)

-Gastro-intestinal motility disorders and post-op motility dysfunction

-Trauma: principles of advanced trauma life support (ATLS) and initial management

(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)

Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately

(2.1) Prioritize issues to be addressed in a patient encounter

(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 3)

(2.4) Establish a patient-centered management plan that includes non-surgical/medical management, pre-operative, peri-operative, and post-operative care (SF 3.3, 4)

(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 5.3.4)
- Insertion of a nasogastric tube (SF 5.3.6.11)
- Insertion of Foley catheter (SF 5.3.6.10)
- EKG performance and interpretation
- Incision and drainage of skin and subcutaneous abscesses (SF 5.3.6.14)
- Appropriate use of drains (SF 5.3.6.8)
- Wound care (SF 5.3.6.9)
- Elective tracheostomy and tracheostomy care
- Abdominal incision (SF 5.3.6.1)
- Abdominal closing/suturing (SF 5.3.6.3)
- Closure of simple wounds (SF 5.3.6.7)

See and understand the following procedures:
- PEG and open gastrostomy
- Node biopsies (axillary, inguinal) (SF 5.3.6.15)

(3.4) Provide assistance and function as first or second assistance for the wide range of general surgical procedures (SF 5.3.3)

(4.1) Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (SF 5.6, 6.3)

(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 1.7)

(5.1) Document clinical encounters in an accurate, legible, complete, timely and accessible manner to adequately convey clinical reasoning and rational for decisions (SF 5.5, 5)

(5.3) Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (SF 1.4)

**Collaborator**

(1.1) Establish and maintain positive relationships with physicians and other colleagues in the health care professions (SF 1)
Consult as needed with other health care professionals, including other physicians or surgeons (SF 1.1.2, SF 6)
(2.1) Show respect toward collaborators (anesthesiologist, nurses, surgeons and their team) (SF 2)
(3.2) **Demonstrate safe handover of care, both verbal and written**

**Leader**

(1.2) **Contribute to a culture that promotes patient safety** (SF 4)
(1.4) Use health informatics to improve the quality of patient care and optimize patient safety effectively (SF 3.2, 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)

**Scholar**

(1.2) Maintain a surgical procedure log (SF 1.7.1)
(3.1) **Recognize uncertainty and knowledge gaps in clinical encounters and generate questions relevant to general surgery safe practice while on rotation** (SF 1.1.2, 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)

**Bibliography suggestions**

Lawrence Peter F: *Essentials of General Surgery*

Approved December 7, 2009
Revised October 6, 2010
Revised October 27, 2012
Revised July 25, 2013
Revised March 19, 2016