Overview

During the Foundation Stage, the resident will spend 1 block on the adult thoracic surgery service at the St. Joseph’s Healthcare. This clinical and surgical program is one of the largest single institution practicing tertiary thoracic surgeries in Canada. This program has a close research and clinical association with both the Firestone Institute of Respiratory Health and the Juravinski Regional Cancer Centre. A large number of thoracic cases and endoscopies are performed each year. The trainee will attend and participate in the outpatient clinics, the operating suite and be fully involved in the care of designated in-patients in the unit. All residents must review their learning objectives with the staff at the beginning and at the end of the rotation to facilitate meeting the objectives

Staff Surgeons: Drs C Finley, J Miller, C Schieman and Y Shargall.

Schedule of the week:
You will be assigned to a team. You will be expected to make rounds with your team in the mornings. You are expected to make handover to the resident on call.

Call:
You will be assigned to be on call on the thoracic surgery service. 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 develop a sound knowledge of the cardiovascular and respiratory systems and the esophagus, their common acute and chronic conditions, and the diagnosis and treatment of such conditions. The resident is expected to understand how these conditions impact directly (e.g., through nasal, voice, or swallowing disorders), or indirectly (e.g., as co-morbid medical conditions) on otolaryngology patients.
Specific Objectives

Medical Expert

(1.4) Apply knowledge of the clinical and biomedical sciences relevant to thoracic patients
- Cardio-respiratory and esophagus embryology, anatomy, histology, physiology, pathology, pathophysiology
- Pulmonary function tests, including their indications, interpretation, and limitations
- Esophageal motility tests
- Cardiac and great vessels disorders
- Benign and malignant neoplasms of the lung, trachea, esophagus and mediastinum
- Pleural effusions, empyemas, pneumothoraces and hemothorax
- Thoracic, tracheal, diaphragmatic and esophageal trauma

(2.2) Demonstrate the ability to take a pertinent history and physical examination, order appropriate investigations and interpret the results, formulate a differential diagnosis and provisional diagnosis for management, disease prevention and health promotion for the following:
- Common thoracic conditions acute and chronic
- Thoracic emergencies

(2.1) Prioritize issues to be addressed in a patient encounter and identify life threatening or emergent situations

(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)

(3.2) Obtain and document informed consent explaining the risks and benefits of a commonly performed medical and surgical procedures and therapies, under supervision (SF 4.2.1)

(3.4) Perform the following procedures in a skillful, fluid, and safe manner with assistance:
- Obtain and maintain an airway by appropriate means
- Intubations
- Arterial blood gas
- Flexible bronchoscopy,
- Flexible esophagoscopy
- Bronchoscopy cytology procedures
- Thoracentesis
- Insertion chest tubes
- Tracheostomy per cutaneous and open
- Open and closure chest wall

(3.4) Provide assistance and function as first or second assistance for the wide range of thoracic surgical procedures (SF 5.3.3)
- Take direction from a lead surgeon (SF 5.3.3.2)
(4.1) Ensure for compliance with treatment, plan that support ongoing care, changes in the disease state, follow-up on results of investigations, response to treatment and need for further consultations (SF 5.6, 6.3)

Communicator

(1.5) Manage emotionally charged conversations with patients and their families and empathize with the emotion surrounding illness
(2.1) Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
(5.1) Maintain clear, accurate and appropriate medical records, complete discharge summary records and dictation

Collaborator

(1.1) Establish and maintain positive relationships with physicians and other colleagues (surgeons, nurses, respiratory technicians, endoscopic and motility lab technicians, respirologists, oncologists) in the clinic, ward, operating suite, intensive care unit and endoscopy and motility laboratory
(1.2) Demonstrate ability to consult effectively with other physician colleagues
(3.2) Demonstrate safe handover of care, verbal, dictated and written

Leader

(1.4) Use information technology to improve quality and efficiency in patient care and to optimize patient safety (SF 3.2)
(3.1) Demonstrate leadership skills by helping the thoracic team to enhance health care by performing effective, complete and exemplary care of patients

Health Advocate

(1.2) Recognize the risk factors in the promotion and the development of thoracic diseases, such as smoking cessation, reduction to potential toxic chemicals exposure by counselling and educating patients and their families

Scholar

(1.1) Demonstrate an effective personal continuing education strategy by preparing, reading and learning around clinical and surgical cases, understand the steps of the proposed treatment and participate by asking questions (SF 1)
(2.4) Contribute to education of undergraduate medical students (SF 3.1)
(1.2) Maintain a surgical procedure log, surgical evaluation forms (SF 1.7.1)
(3.1) Recognize practice uncertainty and knowledge gaps, seek for advice/consultation appropriately
(4) Take opportunities to contribute to interface research in areas of mutual concern to thoracic surgeons and otolaryngologists.

**Professional**

(1.1) Demonstrate appropriate personal and interpersonal professional behaviors
(1.3) Recognize the particular ethical issues facing some patients and their families in palliative care, and end-of-life issues.

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