



Goals and Objectives

PGY3-5

Community General Surgery – Rural Rotations

Abbotsford, Campbell River, Chilliwack, Cranbrook, Kelowna, Penticton, Prince George, Power River, Quesnel, Williams Lake

1. Medical Expert

- 1.1 Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form
- 1.2 Contribute to the advancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 1.3 Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems for the following conditions (including but not limited to):
 - 1.3.1 GI bleeding
 - 1.3.2 Appendicitis
 - 1.3.3 Cholecystitis
 - 1.3.4 Acute abdomen
- 1.4 Perform a complete and appropriate ASSESSMENT
- 1.5 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.6 Demonstrate an understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions:
 - 1.6.1 Perforated viscus
 - 1.6.2 Bowel carcinoma
 - 1.6.3 Emergency Surgery in the anticoagulated patient
- 1.7 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.7.1 Inguinal hernia repair
 - 1.7.2 Breast lumpectomy
 - 1.7.3 Appendectomy
 - 1.7.4 Mastectomy
 - 1.7.5 Operate laparoscopic camera
 - 1.7.6 Dissect gallbladder from liverbed
 - 1.7.7 Safely place laparoscopic trochars
 - 1.7.8 Open colon mobilization
- 1.8 Ensure adequate POSTOPERATIVE CARE and FOLLOW-UP (including but not limited to):
 - 1.8.1 Anticoagulated patient
- 1.9 Ensure appropriate informed consent is obtained for therapies
- 1.10 Document and disseminate information related to procedures performed and their outcomes
- 1.11 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

2. Communicator

- 2.1 Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.2 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.3 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.4 professionals

- 2.5 Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.6 Convey effective oral and written information about a medical encounter.

3. Collaborator

- 3.1 Will be able to demonstrate understanding of team approach required in the management of malignancies
- 3.2 Will be able to communicate effectively with colleagues and OR team members
- 3.3 Will collaborate effectively with both referring and consulting physicians/services
- 3.4 Will become a team leader
- 3.5 Recognize and respect the diverse roles, responsibilities, ethics and competences of other professionals
- 3.6 Work with others effectively to assess, plan, provide and review other tasks
- 3.7 Respect team ethics, including confidentiality, resource allocation and professionalism
- 3.8 Work with others effectively to prevent, negotiate, and resolve interprofessional conflict.

4. Professional

Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:

- 4.1 Complete and up to date knowledge of patients
- 4.2 Adequate preparation for operative cases
- 4.3 Punctuality and timely response
- 4.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
- 4.5 Appropriate interpersonal interactions
- 4.6 Maintenance of patient and colleague confidentiality
- 4.7 Recognition and response to the unprofessional behaviours of others
- 4.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives.

Reviewed August 2017

ADDENDUM

Additional objectives specific for *Community General Surgery Rotation in Kamloops*:

- 1. Complete a laparoscopic cholecystectomy skin to skin
- 2. Complete an inguinal hernia repair skin to skin
- 3. Complete a laparoscopic appendectomy skin to skin
- 4. Complete a segmental mastectomy, complete mastectomy and SLND skin to skin
- 5. Understand the steps in a bowel resection, be able to perform some of the mobilization and assist effectively in the case
- 6. Perform colonoscopies and gastroscopies successfully the majority of the time
- 7. Assess and provide a diagnosis for emergency consults, then provide a detailed treatment plan for routine cases such as appendicitis, cholecystitis, diverticulitis and small bowel obstructions.

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	April 2022	Reviewed



Goals and Objectives

PGY3-5

Community General Surgery – Urban Rotations

Burnaby, Richmond, Lions Gate, Langley, Mount St. Joseph's, Surrey

1. Medical Expert

- 1.1 Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form
- 1.2 Contribute to the advancement of quality care and patient safety in their practice, integrating the available best evidence and best practices.
- 1.3 Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems for the following conditions (including but not limited to):
 - 1.3.1 Benign breast disease
 - 1.3.2 Insitu breast cancer
 - 1.3.3 Invasive breast cancer, including inflammatory breast cancer
 - 1.3.4 Hernia
 - 1.3.5 Gallbladder conditions
 - 1.3.6 Disorders of the intestine
 - 1.3.7 Anorectal disorders, including sepsis
 - 1.3.8 Gastrointestinal bleeding, including massive GI bleeding
- 1.4 Perform a complete and appropriate ASSESSMENT
- 1.5 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.6 Demonstrate an understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions:
 - 1.6.1 Invasive breast cancer
 - 1.6.2 Low rectal cancer
- 1.7 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.7.1 Laparoscopic cholecystectomy
 - 1.7.2 Inguinal hernia repair
 - 1.7.3 Ventral hernia repair
 - 1.7.4 Appendectomy
 - 1.7.5 Bowel resection
 - 1.7.6 Total mastectomy
 - 1.7.7 Partial mastectomy
 - 1.7.8 Breast biopsy
 - 1.7.9 Fine wire breast biopsy
 - 1.7.10 Identify hot nodes with gamma probe
 - 1.7.11 Dissect and control lymphatic vessels
 - 1.7.12 Sentinel node biopsy with total mastectomy
- 1.8 Ensure adequate POSTOPERATIVE CARE and FOLLOW-UP (including but not limited to):
 - 1.8.1 Drain management for breast patients
 - 1.8.2 Stoma management
- 1.9 Ensure appropriate informed consent is obtained for therapies
- 1.10 Document and disseminate information related to procedures performed and their outcomes

- 1.11 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

2. Communicator

- 2.1 Effectively manages patients that cannot communicate effectively in English
- 2.2 Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.3 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.4 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.5 Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.6 Convey effective oral and written information about a medical encounter.

3. Collaborator

- 3.1 Effectively interacts with and utilizes resources and other services in the management of patients
- 3.2 Effectively interacts with and utilizes nurses, clerical staff, family physicians, surgeons, and radiologists in the clinic.

4. Professional

Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:

- 4.1 Complete and up to date knowledge of patients
- 4.2 Adequate preparation for operative cases
- 4.3 Punctuality and timely response
- 4.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
- 4.5 Appropriate interpersonal interactions
- 4.6 Maintenance of patient and colleague confidentiality
- 4.7 Recognition and response to the unprofessional behaviours of others
- 4.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives.

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	April 2022	Reviewed



Goals and Objectives

Endoscopy

PGY3-5

1. Medical Expert/Clinical Decision Maker

- 1.1 Know the normal anatomy and physiologic function of the gastrointestinal tract including:
 - 1.1.1 Esophagus, Stomach, Duodenum, Small intestine, large intestine and anus
- 1.2 Understand the methodological issues in endoscopy to include:
 - 1.2.1 patient preparation, biopsy and cytology techniques, specimen handling, care and cleaning of the endoscopes
- 1.3 Observe, recognize and interpret normal and abnormal findings by the use of the endoscopic procedures
- 1.4 Have a working knowledge of the medications used to facilitate endoscopy:
 - 1.4.1 Sedatives (conscious sedation)
 - 1.4.2 Analgesics
 - 1.4.3 Local anesthetics
 - 1.4.4 Motility inhibitors
- 1.5 For each of these types of drugs the resident must know the following:
 - 1.5.1 Indications and contraindications
 - 1.5.2 Appropriate dosing
 - 1.5.3 Mode of onset
 - 1.5.4 Principles of monitoring
 - 1.5.5 Side effects
 - 1.5.6 Reversing agents
 - 1.5.7 Monetary considerations
- 1.6 Outline the indications for performing diagnostic and therapeutic:
 - 1.6.1 Esophagogastroduodenoscopy (EGD), Colonoscopy, Proctosigmoidoscopy
- 1.7 Identify the various anatomical landmarks during endoscopy:
 - 1.7.1 Esophagus- GE junction
 - 1.7.2 Stomach- Cardia, Incisura angularis, Fundus, Antrum, Body, Pylorus
 - 1.7.3 Duodenum - Duodenal bulb, Duodenal mucosa, Papilla of Vater
 - 1.7.4 Colon - Rectum, Sigmoid, Descending, Splenic flexure, Transverse, Hepatic flexure, Ascending, Ileocecal valve, Cecum and appendiceal orifice
- 1.8 Identify the common pathological conditions outlined below:
 - 1.8.1 Esophagus: Classes of esophagitis, Eosinophilic Esophagitis, Esophageal varices, Barrett's Esophagus, Neoplasms, Strictures
 - 1.8.2 Stomach: Ulcers (benign and malignant), Cameron Ulcer, Gastric varices, Gastric polyps, Erosive gastritis, gastric outlet obstruction, Gastric Bezoar, Marginal ulcer, the 'postoperative stomach'
 - 1.8.3 Duodenum: Ulcers, Polyps (benign and malignant), Inflammatory conditions (Crohn's), Tumours of the Papilla of Vater
 - 1.8.4 Small intestine: Indications for enteroclysis, Crohn's, Angiodysplasia, Leiomyoma,
 - 1.8.5 Large intestine: Polyps/tumours (benign/malignant, sessile/polypoid), Diverticular disease, Inflammatory conditions (Ulcerative colitis, Crohns colitis, Pseudomembranous colitis), Intestinal ischemia, Melanosis Coli
- 1.9 Explain the pathophysiology of disease entities in which proctosigmoidoscopy, rigid or flexible, is indicated, including:

- 1.9.1 Ulcerative colitis, Crohns Disease, Rectal polyps and tumors, Pseudomembranous colitis, Ischemic colitis, Rectal ulcers, Anorectal tumors, Sigmoid volvulus
- 1.10 Understand the fundamental mechanics and physics of endoscopic equipment and accessories (e.g., rigid and flexible scopes, multichannel scopes, types of snares, and biopsy forceps) and be familiar with the routine operation of endoscopes and their support systems, including:
 - 1.10.1 Ability to troubleshoot minor malfunctions
 - 1.10.2 Knowing established procedures for cleaning, sterilization, and routine handling
- 1.11 Under supervision, demonstrate proper cleansing and sterilization of endoscopic instruments.
- 1.12 Under supervision, perform routine diagnostic endoscopic procedures including esophagogastroduodenoscopy (EGD), flexible sigmoidoscopy and colonoscopy.
- 1.13 As skill improves the resident may assist/perform therapeutic endoscopic procedures such as:
 - 1.13.1 Sclerotherapy/Banding of esophageal varices
 - 1.13.2 Electrocoagulation of bleeding lesions using bipolar, monopolar, heater probe
 - 1.13.3 Removal of foreign bodies
 - 1.13.4 Endoscopic polypectomy
 - 1.13.5 Percutaneous gastrostomy
 - 1.13.6 Palliative treatment of intestinal malignancies
- 2. Communicator**
 - 2.1 The resident must be able to obtain appropriate informed consent for all procedures that she/he is doing
 - 2.2 The resident must be able to communicate appropriately with patients during the course of endoscopic procedures
 - 2.3 The resident must be able to communicate effectively with others in the endoscopy clinic
 - 2.4 The resident must ensure timely completion of consults and procedure notes to facilitate communication to referring physicians
- 3. Collaborator**
 - 3.1 The resident must work effectively with others in the endoscopy clinic – this includes accepting advice and guidance from clinic staff.
- 4. Leader**
 - 4.1 The resident must maintain an accurate, up to date electronic log of all endoscopic procedures performed. This log should be shared with the rotation supervisor and program director at the end of the rotation.
 - 4.2 This log should include the role of the resident and must list all complications.
 - 4.3 The resident must understand the principles of quality management as they pertain to an endoscopy clinic.
- 5. Health Advocate**
 - 5.1 Counsel patients and families on healthy lifestyle choices to maintain health or avoid deterioration of health (i.e. abstinence of alcohol in patients with cirrhosis)
- 6. Scholar**
 - 6.1 Review surgical journals (e.g., SAGES publications) and other medical and surgical sources of information regarding diagnostic and therapeutic uses of various endoscopes.
 - 6.2 Analyze the purpose of established guidelines for the management of various gastrointestinal disease states as developed by:
 - 6.2.1 Society for Surgery of the Alimentary Tract (SSAT)
 - 6.2.2 Society of American Gastrointestinal Endoscopic Surgeons (SAGES)
 - 6.2.3 American Society for Gastrointestinal Endoscopy (ASGE)

7. Professional

7.1 Professional interaction with health care personnel in the Emergency department, endoscopy suite, in hospital wards should include good communication skills as well as treating all patients in an ethical manner.

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	April 2022	Reviewed



Excellent surgeons

General Surgery Resident Wellness Policy

General Surgery Residency Program Committee has reviewed and adopted the PGME Resident Wellness Policy.

Action	Committee	Date	Status
Approved	RPC	October 2019	Approved
Review	RPC	June 2022	Pending



Postgraduate Medical Education (PGME)

Title:	PGME Wellness	Number:	009
Approved By:	PGMEC		
Approval Date:	June 7, 2022		
Contact:	postgrad@postgrad.med.ubc.ca		

Preamble

This policy reflects the University of British Columbia’s commitment to a safe, positive, and healthy learning environment for all residents and AFC fellows by creating, promoting, and sustaining a culture of wellness and resilience.

Working together with the Resident Wellness Office (RWO), the PGME offers and supports wellness-related programs that assist learners in optimizing their physical, mental, and emotional wellbeing.

The Resident Wellness Office regularly monitors the learning environment through confidential reporting, surveillance and assists programs in developing positive learning environments leading to improved learning, satisfaction, and morale.

This policy applies to all residents in Postgraduate Medical Education at the University of British Columbia, as well as all residency programs and faculty involved in their training. This policy also applies to all Area of Focused Competency fellows in Postgraduate AFC fellowship training at the University of British Columbia, as well as all AFC fellowship programs and faculty involved in their training.

Policy

1. The Resident Wellness Office (RWO)

- 1.1 The RWO provides residents a safe and confidential venue to seek out resources that protect and enhance their health and well-being. Residents have access to wellness support through counseling, support groups, and outreach. The RWO provides the following:
 - 1.1.1 Confidential counseling to individuals or couples
 - 1.1.2 Group support within and across programs
 - 1.1.3 Referrals to other health professionals or community resources when indicated
 - 1.1.4 Workshops on relevant health and wellness topics
 - 1.1.5 Up-to-date online resources
- 1.2 The RWO tracks utilization and timeliness of access as well as tracks data to provide an ongoing needs assessment. Reports are generated with de-identified aggregate data to the RWO Subcommittee, the PGME Executive, and the PGME Committee.



Postgraduate Medical Education (PGME)

- 1.3 The RWO works with programs and residents to support peer-led wellness initiatives as an effort to further strengthen resident's well-being and enhance the environment of their respective programs.

2. The Resident Wellness Advisory Group

- 2.1 The Subcommittee is comprised of the Director of Resident Wellness, the Wellness counselors, the Wellness Office Program Coordinator, the PGME Director of Administration and the PGME Deans.
- 2.2 The Subcommittee meets formally to assist in identifying aims, goals, and implementation strategies to encourage healthy behaviors in the clinical setting, advocate for policy change, and create health-friendly work environments.

3. Resident Responsibility

- 3.1 Residents are responsible for reporting fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from the adverse effects of physical, mental, emotional and personal problems including impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
- 3.2 Residents are responsible for assessing and recognizing the signs of impairment, including that which is due to illness and/or fatigue in themselves. Residents experiencing such impairment are to notify their Program Director or designate.
- 3.3 If a resident is experiencing any physical or mental conditions they feel could impair their ability to perform their duties, he/she is encouraged to voluntarily seek assistance before clinical, educational and/or professional performance, interpersonal relationships or health are adversely affected. Residents, who voluntarily seek assistance before their performance is adversely affected will not jeopardize their status as a resident.
- 3.4 If a resident recognizes physical, mental, or emotional problems affecting the performance of another resident, including impairment due to excessive fatigue, that resident should immediately notify the program director or designate.
- 3.5 Residents must maintain their health through routine medical and dental care and, if needed, mental health care. Non-urgent appointments may be scheduled in advance with appropriate notice.
- 3.6 At no time will residents be denied visits for acute care for illnesses (physical or mental) or dental emergencies during work hours.

4. Residency Program Responsibility

- 4.1 It is the responsibility of the Residency Program Committee to be aware of themes and factors influencing Program health and wellness.
- 4.2 If a program director or faculty member recognizes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the member must take steps to ensure the safety of residents and patients.
- 4.3 Program directors or designates are encouraged to address burnout and/or depression at semi-annual reviews and provide appropriate resources.
- 4.4 It is the responsibility of the Program to provide reasonable accommodations (i.e. duty



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assignments, on-call schedules), to enable the resident to participate in required medical appointments, which are consistent with the HEABC Collective Agreement for residents.

5. Resources

UBC resident wellness office (<http://postgrad.med.ubc.ca/resident-wellness>)

Employee & Family Assistance Program (<http://www.efap.ca>)

Physician Health Program (<https://www.physicianhealth.com>)

[PGME Fatigue Risk Management Policy](#)

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Action	Committee	Date	Status
Approved	PGMEC	September 24, 2019	Approved
Approved	PGMEC	June 7, 2022	Approved



Goals and Objectives as provided by ICU ICU Goals & Objectives for General Surgery Residents

PGY1-5

1. Medical Expert

- 1.1 To obtain a working knowledge of critical care medicine by actively participating in the management of critically ill patients
- 1.2 To gain an understanding of the integrative nature of disease in the critically ill patient and the interdisciplinary approach to the management of such patients
- 1.3 To understand the pathophysiology of commonly seen diseases in critically ill patients
- 1.4 To become familiar and proficient with the principles of airway management and ventilator care
- 1.5 To be able to identify the patient at risk, perform an appropriate physical examination, formulate a problem list and institute a course of therapy under the direction of senior personnel
- 1.6 To gain proficiency in procedures commonly carried out in a critical care unit
- 1.7 To become proficient in the management of a cardiac arrest and the acute resuscitation of a traumatized or acutely ill patient
- 1.8 Initial assessment of the critically ill:
 - 1.8.1 Obtain an appropriate history from a patient, family or other medical personnel
 - 1.8.2 Perform a problem oriented physical examination
 - 1.8.3 Formulate a problem list from the information gathered
 - 1.8.4 Identify problems in order of priority
 - 1.8.5 Outline a plan of action, in conjunction with ICU fellow or Consultant
 - 1.8.6 Institute appropriate investigations and treatment under the supervision of an ICU fellow or Consultant
- 1.9 Appropriate use of the laboratory in the management of critically ill patients
- 1.10 Skills:
 - 1.10.1 Understand concepts of establishment and maintenance of airways
 - 1.10.2 Interpretation of hemodynamic data
 - 1.10.3 Techniques of vascular access
 - 1.10.4 Insertion of venous flow directed catheters
 - 1.10.5 Techniques of ACLS and ATLS
 - 1.10.6 Tube thoracostomy
 - 1.10.7 Lumbar puncture
 - 1.10.8 Physiologic monitoring techniques
 - 1.10.9 Other: nasogastric tube or feeding tube insertion
- 1.11 Knowledge Base - Each candidate rotating through the intensive care unit should develop a fundamental understanding of the diagnosis, incidence, etiology, microbiology, pathophysiology, signs, symptoms, treatments, prognosis and complications of the following conditions. The candidate must be able to recognize the severity of illness in these conditions, provide emergency and lifesaving support where required and followed up by an appropriate diagnostic and management plan.
 - 1.11.1 Coma and other Neurological problems
 - 1.11.2 Respiratory Failure
 - 1.11.3 Cardiac crises
 - 1.11.4 Renal Preservation and Support

- 1.11.5 The abdomen
- 1.11.6 Trauma
- 1.11.7 Burns
- 1.11.8 Hematological abnormalities and Blood replacement
- 1.11.9 Sepsis
- 1.11.10 Nutrition: enteral and parenteral
- 1.11.11 Toxicology
- 1.11.12 Endocrine disturbances of critical illness
- 1.11.13 Organ transplantation
- 1.11.14 Ethical, legal and philosophical considerations
- 1.12 COMA AND OTHER NEUROLOGICAL PROBLEMS
 - 1.12.1 The trainee shall demonstrate knowledge of:
 - 1.12.1.1 The pathophysiology of coma and raised intracranial pressure (ICP)
 - 1.12.1.2 The investigation of coma, raised ICP and the monitoring techniques involved.
 - 1.12.1.3 The available treatment for cerebral resuscitation.
 - 1.12.1.4 Metabolic, structural and infectious causes of altered level of consciousness.
 - 1.12.1.5 Seizure abnormalities and systemic metabolic consequences of status epilepticus with emphasis on pharmacological management.
 - 1.12.1.6 Brain death.
 - 1.12.1.7 Polyneuropathies and myopathies of critical illness.
 - 1.12.1.8 Environmental and drug related psychopathology including anxiety, sleep disturbances, pain, withdrawal, hallucinations and ICU psychoses.
- 1.13 RESPIRATORY FAILURE
 - 1.13.1 The trainee shall demonstrate knowledge of:
 - 1.13.1.1 The normal anatomy of the respiratory system.
 - 1.13.1.2 The physiology of the gas exchange unit, chest wall and lung mechanics, airway dynamics and control of respiration.
 - 1.13.1.3 The pathophysiology of disease states leading to respiratory failure, including hypoxemic and hypercarbic respiratory failure.
 - 1.13.1.4 An approach to the management of the airway.
 - 1.13.1.5 Invasive and non-invasive ventilation techniques and modes.
 - 1.13.1.6 Timing of liberation and failure to liberate from mechanical ventilation.
 - 1.13.1.7 Complications of mechanical ventilation including ventilator associated pneumonia.
- 1.14 CARDIAC CRISES (arrhythmias, myocardial infarction, hypertensive emergencies)
 - 1.14.1 The trainee shall demonstrate knowledge of:
 - 1.14.1.1 Methods and application of Advanced Cardiac Life Support.
 - 1.14.1.2 Principles of invasive and noninvasive monitoring.
 - 1.14.1.3 Pathophysiology and treatment of heart failure.
 - 1.14.1.4 Management of ischemic heart disease and myocardial infarction.
 - 1.14.1.5 An understanding of cardiac arrhythmias including etiology and therapy.
 - 1.14.1.6 An understanding of cardiopulmonary interactions with an emphasis on right heart syndromes.
 - 1.14.1.7 Hemodynamic consequences of acute and chronic valvular abnormalities.
- 1.15 SHOCK STATES
 - 1.15.1 The trainee shall demonstrate knowledge of:
 - 1.15.1.1 Diagnosis and understanding of the pathophysiology and types of shock.
 - 1.15.1.2 Understanding the in initial management of shock with emphasis on oxygen delivery and oxygen consumption.

- 1.15.1.3 Use of mixed venous oxygen saturation or pulmonary artery catheter-derived measurements to direct resuscitation of shock patients.
- 1.15.1.4 Understand the separate roles of vasopressors and inotropic agents. The approach and limits to titrating this therapy.
- 1.15.1.5 Understanding of multiple organ dysfunction and failure.
- 1.16 RENAL PRESERVATION AND SUPPORT
 - 1.16.1 The trainee shall demonstrate knowledge of:
 - 1.16.1.1 Ability to distinguish between prerenal, renal and postrenal failure.
 - 1.16.1.2 Pathophysiology, diagnosis, and treatment of common acid-base disorders.
 - 1.16.1.3 Pathophysiology, diagnosis and treatment of common fluid and electrolyte disorders.
 - 1.16.1.4 Knowledge of the interaction between drugs, nephrotoxins and the kidneys in both normal and diseased states.
 - 1.16.1.5 Indication and understanding of intermittent hemodialysis and CVVHDF.
- 1.17 THE ABDOMEN
 - 1.17.1 The trainee shall demonstrate knowledge of:
 - 1.17.1.1 The causes, diagnostic techniques and management of the acute abdomen.
 - 1.17.1.2 The diagnosis, medical, surgical and radiological management of upper and lower GI bleeding.
 - 1.17.1.3 The diagnosis and management of hollow viscus dysfunction.
 - 1.17.1.4 The diagnosis and management of acute and chronic hepatic failure with an emphasis on acute fulminant hepatic failure and indications and contraindications for liver transplantation. Knowledge of the liver's role in: the reticuloendothelial system, as a site for metabolism, the production of a variety of enzymes, detoxification of endogenous and exogenous substances and in hemostasis.
 - 1.17.1.5 The diagnosis, medical and surgical management of severe pancreatitis.
- 1.18 TRAUMA
 - 1.18.1 The trainee shall demonstrate knowledge of:
 - 1.18.1.1 The need for continuing care of the traumatized patient with regard to all vital systems, whether or not these systems have received the primary trauma.
 - 1.18.1.2 The secondary insults that enhance the primary pathogenicity of traumatized organs.
 - 1.18.1.3 The long term sequelae, physical and emotional requirements and prognosis of traumatized patients.
- 1.19 BURNS
 - 1.19.1 The trainee shall demonstrate knowledge of:
 - 1.19.1.1 The pathophysiology of the phases of burn injury:
 - 1.19.1.1.1 fluid and electrolyte imbalance
 - 1.19.1.1.2 nutrition depletion
 - 1.19.1.1.3 sepsis
 - 1.19.1.1.4 reconstruction
 - 1.19.1.1.5 rehabilitation
 - 1.19.1.2 The knowledge of the airway burn, smoke inhalation and impaired gas transport.
 - 1.19.1.3 The importance of environmental control.
- 1.20 HEMATOLOGICAL ABNORMALITIES AND BLOOD REPLACEMENT
 - 1.20.1 The trainee shall demonstrate knowledge of:
 - 1.20.1.1 White blood cell abnormalities including the role of neutropenia and the immunocompromised host

- 1.20.1.2 The pathogenesis and management of thrombocytopenia
- 1.20.1.3 Etiology and management of anemia
- 1.20.1.4 The coagulation and fibrinolytic sequences and disorders of these pathways including hypercoagulable states and coagulopathies
- 1.20.1.5 Blood component therapy and indications for transfusion
- 1.21 SEPSIS
 - 1.21.1 The trainee shall demonstrate knowledge of:
 - 1.21.1.1 Available diagnostic techniques for infectious organisms.
 - 1.21.1.2 Epidemiology of infectious disease
 - 1.21.1.3 The immunocompromised host and the diseases and treatment unique to the immunodeficient state
 - 1.21.1.4 Techniques to control and limit nosocomial sepsis
 - 1.21.1.5 Approach to the septic patient in terms of foci of infection
 - 1.21.1.6 The understanding of the systemic inflammatory response syndrome and multiple organ dysfunction
 - 1.21.1.7 The pharmacology, indications, complications, interactions, monitoring and efficacy of antimicrobial agents including antibiotics, antifungals, antivirals and antiparasitics
- 1.22 NUTRITION: ENTERAL AND PARENTERAL
 - 1.22.1 The trainee shall demonstrate knowledge of:
 - 1.22.1.1 Methods of assessing energy requirements and monitoring the effectiveness of supportive care
 - 1.22.1.2 The indications, limitations, methods and complications of enteral and parenteral nutrition
 - 1.22.1.3 The indications, methods, limitations and complications of various access routes for both enteral and parenteral nutrition
- 1.23 TOXICOLOGY
 - 1.23.1 The trainee shall demonstrate knowledge of:
 - 1.23.1.1 The importance of vital system support as the cornerstone of care in the intoxicated patient, together with specific antidotes or supportive therapy pertinent to individual intoxicants
 - 1.23.1.2 The pharmacology of common intoxicants including absorption, distribution, detoxification and elimination of intoxicants
 - 1.23.1.3 The available methods to decrease absorption and enhance excretion of intoxicants with emphasis on those agents requiring hemodialysis or hemoperfusion
 - 1.23.1.4 The ongoing patient's needs for emotional and psychiatric support
- 1.24 ENDOCRINE DISTURBANCES OF CRITICAL ILLNESS
 - 1.24.1 The trainee shall demonstrate knowledge of:
 - 1.24.1.1 The pathophysiology, diagnosis and management of common endocrine disturbances
 - 1.24.1.2 Recognition and treatment of endocrinological emergencies including thyroid storm, myxedema coma, DKA, hyperosmolar syndromes, extreme electrolyte disturbances, Addisons disease, and pheochromocytoma
 - 1.24.1.3 Recognition and treatment of endocrine disturbances developing in the critically ill
 - 1.24.1.4 Disorders of thermoregulation and normal body temperature regulation
- 1.25 ORGAN TRANSPLANTATION
 - 1.25.1 The trainee shall demonstrate knowledge of:
 - 1.25.1.1 Indications and acute and chronic complications related to solid organ transplantation

- 1.25.1.2 Postoperative management concerns of patients undergoing solid organ transplantation
- 1.25.1.3 Immunosuppressive therapy and infectious complications
- 1.25.1.4 Diagnosis and therapy towards organ rejection and organ failure
- 1.25.1.5 Diagnosis and management of bone marrow transplantation complications
- 1.25.1.6 Specific areas of concern with the bone marrow transplant population including possible futility of care
- 1.26 ETHICAL, LEGAL AND PHILOSOPHICAL CONSIDERATIONS
 - 1.26.1 The trainee shall demonstrate knowledge of these concerns as they relate specifically to the critically ill:
 - 1.26.1.1 Including consent, power of attorney and alternate decision-makers
 - 1.26.1.2 Resuscitation statistics and outcome
 - 1.26.1.3 Recognition of the legal concerns with the critically ill including mechanism of injury and patient and societal interactions
 - 1.26.1.4 Understanding decisions regarding end of life care
- 2. Communicator**
 - 2.1 Communicate with patient, family and admitting service about daily patient progress
 - 2.2 Communicate with ICU team (nurses, residents, attending staff) about patient care issues
 - 2.3 Keep clear, concise, legible documentation of daily patient progress in the patients' hospital chart and ICU (iClinic) database
 - 2.4 Participate in end-of-life discussions with ICU team and family members
- 3. Collaborator**
 - 3.1 Enlist the help and advice of consultants when indicated
 - 3.2 Work with members of the ICU team to provide optimal patient care (nurses, physicians, dietitians, physiotherapists, pharmacists, social work)
- 4. Manager**
 - 4.1 Efficiently manage the daily care of several patients
 - 4.2 Efficiently and effectively manage new admissions into the ICU
 - 4.3 Manage appropriate discharge from the ICU
 - 4.4 Effective time management
- 5. Health Advocate**
 - 5.1 Demonstrate attention to patient safety
 - 5.2 Honor patient confidentiality
 - 5.3 Obtain consent when require
- 6. Scholar**
 - 6.1 Demonstrate commitment to ongoing personal education
 - 6.2 Demonstrate ability to teach other members of the ICU team
 - 6.3 Knowledge of relevant basic science (medical expert)
 - 6.4 Knowledge of applied physiology in critical illness
- 7. Professional**
 - 7.1 Display compassion, empathy, caring, honesty and ethical behavior
 - 7.2 Punctuality
 - 7.3 Recognizes and deals with ethical issues

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed & Updated
	RPC	April 2022	Reviewed



Goals and Objectives

PGY3-5

Community General Surgery – Kamloops

1. Medical Expert

- 1.1 Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
- 1.2 Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 1.3 Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 1.4 Demonstrate the ability to tailor appropriate levels of care to the frail, elderly or comorbid patients and recognize when invasive measures may not be in a patient's best interest
- 1.5 Use preventive and therapeutic interventions effectively for the following conditions (including but not limited to):
 - 1.5.1 Benign and malignant breast disease
 - 1.5.2 Gastrointestinal malignancies
 - 1.5.3 Hernia
 - 1.5.4 Gallbladder conditions
 - 1.5.5 Intestinal emergency (ie. obstruction, perforation, appendicitis, ischemia)
 - 1.5.6 Anorectal disorders
 - 1.5.7 Gastrointestinal bleeding
- 1.6 Perform a complete and appropriate ASSESSMENT
- 1.7 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.8 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.8.1 Laparoscopic cholecystectomy
 - 1.8.1.1 Skin to skin
 - 1.8.1.2 R4 - With little direction
 - 1.8.1.3 R5 - Gain Independence
 - 1.8.2 Inguinal hernia repair
 - 1.8.2.1 Skin to skin with independence
 - 1.8.3 Ventral/incisional hernia repair
 - 1.8.3.1 Small/straightforward hernias- independence
 - 1.8.3.2 TARP/abdominal wall reconstruction - skin to skin with direction
 - 1.8.4 Appendectomy - Independence
 - 1.8.5 Small Bowel resection - Independence
 - 1.8.6 Total mastectomy - R4 - Skin to skin with occasional direction, R5 - Independence
 - 1.8.7 Partial mastectomy (including wire guided) - R4 - Skin to skin with occasional direction, R5 - Independence
 - 1.8.8 Sentinel lymph node biopsy - R4 - Skin to skin with occasional direction, R5 - Independence
 - 1.8.9 Right hemicolectomy and/or sigmoid colon resection, laparoscopic and open
 - 1.8.9.1 R4 - skin to skin with direction
 - 1.8.9.2 R5 - Skin to skin with minimal direction, emerging independence
 - 1.8.10 Advanced colorectal (i.e. open and laparoscopic rectal surgery, MIS subtotal colectomy)



Excellent surgeons

- 1.8.10.1 Demonstrate familiarity with the procedures and a variety of techniques/approaches
- 1.8.10.2 Demonstrate competence with procedures with direction
- 1.8.11 Trauma Laparotomy
 - 1.8.11.1 Demonstrate familiarity with the procedures and a variety of techniques/approaches
 - 1.8.11.2 Demonstrate competence with procedures with direction
- 1.8.12 Gastrosocopy and Colonoscopy – PGY4 – with direction, PGY5 – emerging independence
- 1.8.13 Lymph node biopsy for suspected malignancy – PGY4 – skin to skin with occasional direction, PGY5 - Independence
- 1.9 Ensure appropriate informed consent is obtained for procedures
- 1.10 Document and disseminate information related to procedures performed and their outcomes
- 1.11 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Communicator

- 2.1 Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.2 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.3 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.4 Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.5 Convey effective oral and written information about a medical encounter

3. Collaborator

- 3.1 Will be able to demonstrate understanding of team approach required in the management of malignancies
- 3.2 Will be able to communicate effectively with colleagues and OR team members
- 3.3 Will collaborate effectively with both referring and consulting physicians/services
- 3.4 Will become a team leader
- 3.5 Recognize and respect the diverse roles, responsibilities, ethics and competences of other professionals
- 3.6 Work with others effectively to assess, plan, provide and review other tasks
- 3.7 Respect team ethics, including confidentiality, resource allocation and professionalism
- 3.8 Work with others effectively to prevent, negotiate, and resolve interprofessional conflict.

4. Professional

Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:

- 4.1 Complete and up to date knowledge of patients
- 4.2 Adequate preparation for operative cases
- 4.3 Punctuality and timely response
- 4.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
- 4.5 Appropriate interpersonal interactions
- 4.6 Maintenance of patient and colleague confidentiality
- 4.7 Recognition and response to the unprofessional behaviour's of others



Faculty of Medicine

General Surgery Residency Program

Excellent surgeons

- 4.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	April 2018	Reviewed
	RPC	August 2019	Reviewed
	RPC	April 2022	Reviewed/Updated



Goals and Objectives Community General Surgery – Nanaimo

PGY4-5

1. Medical Expert

- 1.1 Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
- 1.2 Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 1.3 Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 1.4 Demonstrate the ability to tailor appropriate levels of care to the frail, elderly or comorbid patients and recognize when invasive measures may not be in a patient's best interest
- 1.5 Use preventive and therapeutic interventions effectively for the following conditions (including but not limited to):
 - 1.5.1 Benign and malignant breast disease
 - 1.5.2 Gastrointestinal malignancies
 - 1.5.3 Hernia
 - 1.5.4 Gallbladder conditions
 - 1.5.5 Intestinal emergency (ie. obstruction, perforation, appendicitis, ischemia)
 - 1.5.6 Anorectal disorders
 - 1.5.7 Gastrointestinal bleeding
- 1.6 Perform a complete and appropriate ASSESSMENT
- 1.7 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.8 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.8.1 Laparoscopic cholecystectomy
 - 1.8.1.1 Skin to skin
 - 1.8.1.2 R4 - With little direction
 - 1.8.1.3 R5 - Gain Independence
 - 1.8.2 Inguinal hernia repair
 - 1.8.2.1 Skin to skin with independence
 - 1.8.3 Ventral/incisional hernia repair
 - 1.8.3.1 Small/straightforward hernias- independence
 - 1.8.3.2 TARP/abdominal wall reconstruction - skin to skin with direction
 - 1.8.4 Appendectomy - Independence
 - 1.8.5 Small Bowel resection - Independence
 - 1.8.6 Total mastectomy - R4 - Skin to skin with occasional direction, R5 - Independence
 - 1.8.7 Partial mastectomy (including wire guided) - R4 - Skin to skin with occasional direction, R5 - Independence
 - 1.8.8 Sentinel lymph node biopsy - R4 - Skin to skin with occasional direction, R5 - Independence
 - 1.8.9 Right hemicolectomy and/or sigmoid colon resection, laparoscopic and open
 - 1.8.9.1 R4 - skin to skin with direction
 - 1.8.9.2 R5 - Skin to skin with minimal direction, emerging independence
 - 1.8.10 Advanced colorectal (i.e. open and laparoscopic rectal surgery, MIS subtotal colectomy)



Excellent surgeons

1.8.10.1 Demonstrate familiarity with the procedures and a variety of techniques/approaches

1.8.10.2 Demonstrate competence with procedures with direction

1.9 Ensure appropriate informed consent is obtained for procedures

1.10 Document and disseminate information related to procedures performed and their outcomes

1.11 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Communicator

2.1 Develop rapport, trust, and ethical therapeutic relationships with patients and families

2.2 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals

2.3 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals

2.4 Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care

2.5 Convey effective oral and written information about a medical encounter

3. Collaborator

3.1 Will be able to demonstrate understanding of team approach required in the management of malignancies

3.2 Will be able to communicate effectively with colleagues and OR team members

3.3 Will collaborate effectively with both referring and consulting physicians/services

3.4 Will become a team leader

3.5 Recognize and respect the diverse roles, responsibilities, ethics and competences of other professionals

3.6 Work with others effectively to assess, plan, provide and review other tasks

3.7 Respect team ethics, including confidentiality, resource allocation and professionalism

3.8 Work with others effectively to prevent, negotiate, and resolve interprofessional conflict.

4. Professional

Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:

4.1 Complete and up to date knowledge of patients

4.2 Adequate preparation for operative cases

4.3 Punctuality and timely response

4.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up

4.5 Appropriate interpersonal interactions

4.6 Maintenance of patient and colleague confidentiality

4.7 Recognition and response to the unprofessional behaviour's of others

4.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives



Faculty of Medicine

General Surgery Residency Program

Excellent surgeons

Action	Committee	Review Date	Status
	RPC	April 2018	Reviewed
	RPC	August 2019	Reviewed
	RPC	May 2022	Reviewed



1. Medical Expert

- 1.1 Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form.
- 1.2 Contribute to the advancement of quality care and patient safety in their practice, integrating the available best evidence and best practices.
- 1.3 Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems for the following conditions (including but not limited to):
 - 1.3.1 Benign breast disease
 - 1.3.2 In-situ breast cancer
 - 1.3.3 Invasive breast cancer, including inflammatory breast cancer
 - 1.3.4 Hernia
 - 1.3.5 Gallbladder conditions
 - 1.3.6 Disorders of the intestine
 - 1.3.7 Anorectal disorders, including sepsis
 - 1.3.8 Gastrointestinal bleeding, including massive GI bleeding
- 1.4 Perform a complete and appropriate ASSESSMENT.
- 1.5 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.6 Demonstrate an understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions:
 - 1.6.1 Invasive breast cancer
 - 1.6.2 Low rectal cancer
- 1.7 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.7.1 Laparoscopic cholecystectomy
 - 1.7.2 Inguinal hernia repair
 - 1.7.3 Ventral hernia repair
 - 1.7.4 Appendectomy
 - 1.7.5 Bowel resection
 - 1.7.6 Total mastectomy
 - 1.7.7 Partial mastectomy
 - 1.7.8 Breast biopsy
 - 1.7.9 Fine wire breast biopsy
 - 1.7.10 Identify hot nodes with gamma probe
 - 1.7.11 Dissect and control lymphatic vessels
 - 1.7.12 Sentinel node biopsy with total mastectomy
- 1.8 Ensure adequate POSTOPERATIVE CARE and FOLLOW-UP (including but not limited to):
 - 1.8.1 Drain management for breast patients
 - 1.8.2 Stoma management
- 1.9 Ensure appropriate informed consent is obtained for therapies
- 1.10 Document and disseminate information related to procedures performed and their outcomes

- 1.11 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Communicator

- 2.1 Will be able to demonstrate an appreciation of the unique psychological needs of patients presenting with breast complaints
- 2.2 Effectively manages patients that cannot communicate effectively in English
- 2.3 Effectively explains surgical options for management of breast cancer
- 2.4 Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.5 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.6 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.7 Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.8 Convey effective oral and written information about a medical encounter

3. Collaborator

- 3.1 Effectively interacts with and utilizes resources and other services in the management of patients
- 3.2 Effectively interacts with and utilizes nurses, clerical staff, family physicians, surgeons, and radiologists in the clinic
- 3.3 Recognize and respect the diverse roles, responsibilities, ethics and competences of other professionals
- 3.4 Work with others effectively to assess, plan, provide and review other tasks
- 3.5 Respect team ethics, including confidentiality, resource allocation and professionalism
- 3.6 Work with others effectively to plan and care for patients
- 3.7 Work with others effectively to prevent, negotiate, and resolve interprofessional conflict

4. Professional

- 4.1 Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1 Complete and up to date knowledge of patients
 - 4.1.2 Adequate preparation for operative cases
 - 4.1.3 Punctuality and timely response
 - 4.1.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 4.1.5 Appropriate interpersonal interactions
 - 4.1.6 Maintenance of patient and colleague confidentiality
 - 4.1.7 Recognition and response to the unprofessional behaviours of others
 - 4.1.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	May 2022	Reviewed



Goals and Objectives

PGY3-5

Royal Columbian Hospital

1. Medical Expert

- 1.1 Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
- 1.2 Describe the CanMEDS framework of competencies relevant to General Surgery
- 1.3 Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 1.4 Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 1.5 Use preventive and therapeutic interventions effectively for the following conditions (including but not limited to):
 - 1.5.1 Benign breast disease
 - 1.5.2 Insitu breast cancer
 - 1.5.3 Invasive breast cancer, including inflammatory breast cancer
 - 1.5.4 Hernia
 - 1.5.5 Gallbladder conditions
 - 1.5.6 Disorders of the intestine
 - 1.5.7 Anorectal disorders
 - 1.5.8 Gastrointestinal bleeding, including massive GI bleeding
 - 1.5.9 Anorectal sepsis
- 1.6 Perform a complete and appropriate ASSESSMENT
- 1.7 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.8 Demonstrate and understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions (including but not limited to):
 - 1.8.1 Invasive breast cancer
 - 1.8.2 Low rectal cancer
- 1.9 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.9.1 Laparoscopic cholecystectomy
 - 1.9.2 Inguinal hernia repair
 - 1.9.3 Ventral hernia repair
 - 1.9.4 Appendectomy
 - 1.9.5 Bowel resection
 - 1.9.6 Total mastectomy
 - 1.9.7 Partial mastectomy
 - 1.9.8 Breast biopsy
 - 1.9.9 Fine wire breast biopsy
 - 1.9.10 Identify hot nodes with gamma probes
 - 1.9.11 Dissect and control lymphatic vessels
 - 1.9.12 Sentinel node biopsy with total mastectomy
- 1.10 Ensure appropriate informed consent is obtained for procedures
- 1.11 Document and disseminate information related to procedures performed and their outcomes
- 1.12 Ensure adequate post operative care and follow up is arranged (including but not limited to):
 - 1.12.1 Drain management for breast patients

1.12.2 Stoma management

1.13 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Communicator

- 2.1 Demonstrate an appreciation of the unique psychological needs of patients presenting with breast complaints.
- 2.2 Effectively manages patients that cannot communicate effectively in English
- 2.3 Effectively explains surgical options for management of breast cancer
- 2.4 Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.5 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.6 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.7 Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.8 Convey effective oral and written information about a medical encounter

3. Collaborator

- 3.1 Effectively interacts with and utilizes resources and other services in the management of patients
- 3.2 Effectively interacts with and utilizes nurses, clerical staff, family physicians, surgeons, and radiologists in the clinic
- 3.3 Define members' roles in interprofessional health care teams
- 3.4 Recognize and respect the diverse roles, responsibilities, ethics and competences of other
- 3.5 professionals
- 3.6 Work with others effectively to assess, plan, provide and review other tasks
- 3.7 Respect team ethics, including confidentiality, resource allocation and professionalism
- 3.8 Work with others effectively to plan and care for patients
- 3.9 Assume roles appropriate to team dynamics, including demonstrating ability to lead or assume supportive roles, appropriate to situations
- 3.10 Work with others effectively to prevent, negotiate, and resolve interprofessional conflict

4. Professional

- 4.1 Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1 Complete and up to date knowledge of patients
 - 4.1.2 Adequate preparation for operative cases
 - 4.1.3 Punctuality and timely response
 - 4.1.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 4.1.5 Appropriate interpersonal interactions
 - 4.1.6 Maintenance of patient and colleague confidentiality
 - 4.1.7 Recognition and response to the unprofessional behaviours of others
 - 4.1.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	May 2022	Reviewed



Goals and Objectives

PGY1

Ambulatory Surgery - St. Paul's Hospital

1. Medical Expert/Clinical Decision Maker

- 1.1 Know the normal anatomy and physiologic function of the gastrointestinal tract including:
 - 1.1.1 Gall bladder, Small intestine, large intestine and anus
- 1.2 Know the normal anatomy and physiologic function of the abdominal wall including:
 - 1.2.1 Inguinal canal
- 1.3 Perform a complete and appropriate ASSESSMENT, including history and physical, and differential diagnoses for:
 - 1.3.1 Gallbladder disease
 - 1.3.2 Benign and malignant thyroid disease
 - 1.3.3 Colorectal Diseases
 - 1.3.4 Anorectal Diseases
 - 1.3.5 Hernias of all types
 - 1.3.6 Minor surgical diseases including pilonidal disease, sebaceous cysts and lipomas
- 1.4 Use preventive and therapeutic interventions effectively for the following conditions (including but not limited to):
 - 1.4.1 Benign and malignant breast disease
 - 1.4.2 Gastrointestinal malignancies
 - 1.4.3 Hernia
 - 1.4.4 Gallbladder conditions
 - 1.4.5 Intestinal emergency (ie. obstruction, perforation, appendicitis, ischemia)
 - 1.4.6 Anorectal disorders
 - 1.4.7 Gastrointestinal bleeding
 - 1.4.8 Thyroid Disease
- 1.5 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP of
 - 1.5.1 Benign and malignant breast disease
 - 1.5.2 Gastrointestinal malignancies
 - 1.5.3 Hernia
 - 1.5.4 Gallbladder conditions
 - 1.5.5 Intestinal emergency (ie. obstruction, perforation, appendicitis, ischemia)
 - 1.5.6 Anorectal disorders
 - 1.5.7 Gastrointestinal bleeding
 - 1.5.8 Thyroid Disease
- 1.6 The resident can assist in all surgical procedures at a competent level in the operating room
- 1.7 The resident can describe appropriate operative anatomy, in the operating room for:
 - 1.7.1 Inguinal hernia
 - 1.7.2 Cholecystectomy
 - 1.7.3 Colon resections

2. Communicator

- 2.1 The resident must be able to obtain appropriate informed consent for all procedures that she/he is offering to patients
- 2.2 The resident must be able to communicate appropriately with patients regarding their diagnosis and treatment

2.3 The resident must ensure timely completion of consults and procedure notes to facilitate communication to referring physicians

3. Collaborator

3.1 The resident must work effectively with others

3.2 The resident prevents and resolves interpersonal conflicts effectively

4. Leader

4.1 The resident makes clinical decisions and judgments for the benefit of the individual patient based on sound clinical evidence and efficient use of the available resources

4.2 The resident sets realistic priorities and uses time effectively in order to optimize professional and personal life

5. Health Advocate

5.1 Counsel patients and families on healthy lifestyle choices to maintain health or avoid deterioration of health (i.e. abstinence of alcohol in patients with cirrhosis)

6. Scholar

6.1 The resident critically appraises medical information. Successfully integrates information from a variety of sources.

6.2 The resident demonstrates effective presentation skills including use of appropriate media.

6.3 The resident selects effective teaching strategies and content to facilitate learning of medical students and other health professionals.

6.4 The resident successfully integrates information from a variety of sources

7. Professional

7.1 Professional interaction with health care personnel in the Emergency department, endoscopy suite, in hospital wards should include good communication skills as well as treating all patients in an ethical manner

Action	Committee	Review Date	Status
	RPC	August 2019	Reviewed/Created
	RPC	May 2022	Reviewed



Goals and Objectives
St. Paul's Hospital

PGY1-2

1. Medical Expert

- 1.1 Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form
- 1.2 Identify and appropriately respond to relevant ethical issues arising in patient care
- 1.3 Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.4 Perform a complete and appropriate ASSESSMENT for the following conditions (including but not limited to):
 - 1.4.1 Diseases of the alimentary tract, including spleen, pancreas and biliary tract
 - 1.4.2 Trauma and critical illness, including emergency and intensive care
 - 1.4.3 Colorectal cancer
 - 1.4.4 Endocrine disease
 - 1.4.5 Surgical infections and inflammatory disease
 - 1.4.6 Abdominal wall pathology
 - 1.4.7 Skin and soft tissue disease
- 1.5 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP for the following conditions (including but not limited to):
 - 1.5.1 Diseases of the alimentary tract, including spleen, pancreas and biliary tract
 - 1.5.2 Trauma and critical illness, including emergency and intensive care
 - 1.5.3 Colorectal cancer
 - 1.5.4 Endocrine disease
 - 1.5.5 Surgical infections and inflammatory disease
 - 1.5.6 Abdominal wall pathology
 - 1.5.7 Skin and soft tissue disease
- 1.6 Demonstrate an understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions (including but not limited to):
 - 1.6.1 Low rectal cancer
 - 1.6.2 Thyroid and parathyroid cancer
- 1.7 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.7.1 Excision of superficial lesions
 - 1.7.2 Repair of inguinal hernia
- 1.8 Ensure adequate POSTOPERATIVE CARE and FOLLOW-UP (including but not limited to):
 - 1.8.1 Management of patients with stomas
 - 1.8.2 Management of patients after neck surgery
- 1.9 Ensure appropriate informed consent is obtained for therapies
- 1.10 Document and disseminate information related to procedures performed and their outcomes.
- 1.11 Spend at least 10% of the time (one-half day equivalent per week) in the ambulatory clinic or surgeons' offices

2. Leader

- 2.1 Set priorities and manage time to balance professional and personal life
- 2.2 Employ information technology appropriately
- 2.3 Apply evidence-based management processes for cost-appropriate care

3. Health Advocate

- 3.1 Role of screening in colorectal cancer and inflammatory bowel disease
- 3.2 Understand the relative cost: benefit ratio and limitations of each of the screening techniques
- 3.3 Be sensitive to the effects of gender, ethnic and cultural background on patients, their families, their attitudes toward disease processes and treatment options
- 3.4 Demonstrate the capacity for supportive and compassionate care in the course of terminal disease.

4. Professional

- 4.1 Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1 Complete and up to date knowledge of patients
 - 4.1.2 Adequate preparation for operative cases
 - 4.1.3 Punctuality and timely response
 - 4.1.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 4.1.5 Appropriate interpersonal interactions
 - 4.1.6 Maintenance of patient and colleague confidentiality
 - 4.1.7 Recognition and response to the unprofessional behaviours of others
 - 4.1.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed & Updated
	RPC	May 2022	Reviewed



Goals and Objectives

PGY3-5

St. Paul's Hospital

1. Medical Expert

- 1.1 Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
- 1.2 Describe the CanMEDS framework of competencies relevant to General Surgery
- 1.3 Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 1.4 Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 1.5 Use preventive and therapeutic interventions effectively for the following conditions (including but not limited to):
 - 1.5.1 Colorectal cancer
 - 1.5.2 Intestinal polyps
 - 1.5.3 Polyposis syndromes
 - 1.5.4 Inflammatory bowel disease (including perianal crohn's and fulminant colitis)
 - 1.5.5 Constipation
 - 1.5.6 Incontinence
 - 1.5.7 Thyroid and parathyroid disorders (including cancer)
 - 1.5.8 Small intestinal disorders
 - 1.5.9 Colonic disorder
 - 1.5.10 Anorectal disorders
 - 1.5.11 Intra-abdominal abscesses
 - 1.5.12 Abdominal wall hernias
- 1.6 Perform a complete and appropriate ASSESSMENT
- 1.7 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.8 Demonstrate and understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions (including but not limited to):
 - 1.8.1 Complications related to colorectal cancer
 - 1.8.2 Advanced thyroid cancer
- 1.9 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.9.1 Bowel resection and anastomosis (all types)
 - 1.9.2 Total mesorectal excision (all aspects)
 - 1.9.3 Rectal mucosectomy
 - 1.9.4 Perineal excision of the anus
 - 1.9.5 Creation of a stoma
 - 1.9.6 Thyroid lobectomy
 - 1.9.7 Total thyroidectomy
 - 1.9.8 Parathyroidectomy
 - 1.9.9 Abdominal wall reconstruction
- 1.10 Ensure appropriate informed consent is obtained for procedures
- 1.11 Document and disseminate information related to procedures performed and their outcomes

- 1.12 Ensure adequate post-operative care and follow up is arranged (including but not limited to):
 - 1.12.1 Management of patients after neck surgery
 - 1.12.2 Management of patients with stomas
 - 1.13 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise
- 2. Communicator**
- 2.1 Demonstrate the ability to communicate with patients and family members, explaining endocrine or the colorectal disease process including the benefits and risks of operative as well as non-operative options. The resident needs to be able to explain the complications and alternatives of operative management recommendations, in terms each individual can understand. The resident must be sensitive to the concerns of patients who have colorectal disease.
- 3. Collaborator**
- 3.1 Be able to manage cooperatively patient who have colorectal and endocrine disease with other physicians including family physicians, internists, gastroenterologists, oncologists and other health care professionals including enterostomal therapists and nurses.
- 4. Leader**
- 4.1 Effectively manage patients with colorectal and endocrine disorders utilizing health care resources wisely
 - 4.2 Critically evaluate outcomes of patients with endocrine disorders or disorders of the intestines and anus managed by the resident and attending staff. At a minimum this should include formal discussion of all patients who suffer complications or die (M and M rounds)
- 5. Health Advocate**
- 5.1 Role of screening in colorectal cancer and inflammatory bowel disease
 - 5.2 Understand the relative cost: benefit ratio and limitations of each of the screening techniques
 - 5.3 Be sensitive to the effects of gender, ethnic and cultural background on patients, their families, their attitudes toward disease processes and treatment options
 - 5.4 Demonstrate the capacity for supportive and compassionate care in the course of terminal disease
- 6. Professional**
- 6.1 Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 6.1.1 Complete and up to date knowledge of patients
 - 6.1.2 Adequate preparation for operative cases
 - 6.1.3 Punctuality and timely response
 - 6.1.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 6.1.5 Appropriate interpersonal interactions
 - 6.1.6 Maintenance of patient and colleague confidentiality
 - 6.1.7 Recognition and response to the unprofessional behaviors of others
 - 6.1.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed & Updated
	RPC	May 2022	Reviewed



Excellent surgeons

Goals and Objectives

Thoracic Surgery

PGY 1-2

Introduction

Thoracic surgery is the specialty concerned with surgical conditions of the chest. Specifically it includes the chest wall, pleura, lungs, airway, esophagus, diaphragm and mediastinum (excluding the heart and great vessels). This rotation on thoracic surgery provides the junior resident with an exposure to the breadth of thoracic surgery practice including the assessment, work-up, operative and non-operative management, and follow-up of patients with thoracic diseases.

Specific Goals and Objectives

These are outlined according to the seven CanMEDS competencies of the Royal College of Physicians and Surgeons of Canada (Medical Expert/Clinical decision Maker, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional).

1. Medical Expert/Clinical Decision Maker

1.1 Knowledge: Basic Science and Anatomy

1.1.1 The resident must develop a strong grounding in the basic sciences related to thoracic surgery including the relevant embryology, anatomy, physiology and pathology.

1.2 Knowledge: General clinical

1.2.1 The following clinical skills must be demonstrated by the end of the rotation:

1.2.1.1 The resident must be able to elicit a history that is thorough and appropriate for the patient's problem(s)

1.2.1.2 The resident must be able to perform a physical examination that is thorough and appropriate for the clinical problem

1.2.1.3 The resident must be able to develop an understanding of the natural history of thoracic diseases, management of risk factors, and how non-surgical treatment and surgical intervention can alter this

1.2.1.4 The resident should have a clear understanding of the diagnostic and therapeutic procedures available in medical imaging for thoracic disorders such as plain radiograms, CT, MRI, and nuclear medicine studies

1.2.1.5 The resident must know the roles of other types of investigation (eg pulmonary function and esophageal motility) in the assessment of patients with thoracic diseases

1.2.1.6 The resident should know the roles of bronchoscopy, esophagoscopy, EBUS and thoracoscopy in the assessment and management of patients with thoracic diseases

1.2.1.7 The resident must have an understanding of pre-operative risk assessment and approaches to minimize such risks.

1.3 Knowledge: Specific Clinical Problems

1.3.1 At the end of the rotation the resident should have the knowledge and skills to assess and contribute to the management of patients with the following conditions:

1.3.1.1 Thoracic neoplasia, including lung, trachea, esophagus, mediastinum, pleura and chest wall

1.3.2 The resident should have a working knowledge of:

- 1.3.2.1 The etiologic factors giving rise to these tumours
- 1.3.2.2 The assessment and work-up of patients with these tumours
- 1.3.2.3 The staging of these tumours
- 1.3.2.4 Operative options for treatment
- 1.3.2.5 Non-operative options for treatment
- 1.3.2.6 Palliative care
- 1.3.3 Benign Thoracic Disease
 - 1.3.3.1 Trauma, both blunt and penetrating
 - 1.3.3.2 Chest wall deformities
 - 1.3.3.3 Diaphragmatic hernias and hiatal hernias
 - 1.3.3.4 Pleural space diseases including pleural effusion, empyema, pneumothorax and hemothorax
 - 1.3.3.5 Tracheal diseases
 - 1.3.3.6 Congenital, structural, and inflammatory diseases of the lung
 - 1.3.3.7 Esophageal physiology and motility
 - 1.3.3.8 Lung and transplantation and emphysema surgery
 - 1.3.3.9 Thoracic outlet syndrome
- 1.4 **Knowledge: Technical**
 - 1.4.1 By the end of the rotation in thoracic surgery the resident must demonstrate the following:
 - 1.4.1.1 Aseptic technique in performing operative and bedside procedures
 - 1.4.1.2 Recognize the appearance of normal & abnormal tissues in the operating room
 - 1.4.1.3 Understand the principles of patient positioning, preparing and draping for common thoracic surgery procedures
 - 1.4.2 Operative procedures that the resident should be able to perform competently under appropriate supervision by the end of the rotation include (assuming availability of cases):
 - 1.4.2.1 Insertion of chest tubes
 - 1.4.2.2 Opening and closing of posterolateral thoracotomy incisions
 - 1.4.2.3 Open lung biopsy
 - 1.4.2.4 Bronchoscopy
 - 1.4.3 Operative procedures on which the resident should be able to assist competently include:
 - 1.4.3.1 EBU
 - 1.4.3.2 Esophagoscopy
 - 1.4.3.3 Pulmonary resections
 - 1.4.3.4 Surgical therapy of pleural effusions and infections
 - 1.4.3.5 Decortication of the lungs
 - 1.4.3.6 Resection of the esophagus including replacement with stomach or intestine
 - 1.4.3.7 Correction of benign esophageal disorders including diverticula, motor disorders and hiatus hernia as well as gastroesophageal reflux
 - 1.4.3.8 Video-assisted thoracic surgery for mediastinal lung parenchyma and esophageal disease
 - 1.4.3.9 Resection of primary tumors and cysts of the mediastinum and thymus gland
 - 1.4.3.10 Chest wall resections for neoplasia
 - 1.4.3.11 Surgical therapy of thoracic outlet syndrome
 - 1.4.3.12 Traumatic repair of chest wall, lung, major airways, diaphragm and esophagus

2. Communicator

- 2.1 The resident must demonstrate the communication skills necessary to obtain thorough, focused histories from patients, family members and other care-givers
- 2.2 In the ambulatory clinic the resident must present patient histories and physicals with management plans to the attending surgeons
- 2.3 The resident must write appropriate admission notes, consultation notes, operative notes, and daily progress notes in a timely fashion
- 2.4 The resident must dictate accurate and timely operative reports and discharge summaries
- 2.5 The resident must convey pertinent information regarding patient assessment in different circumstances (over the phone, during ward rounds and conferences)
- 2.6 The resident must explain procedures at a level appropriate for patients and their families to understand in order to gain informed consent

3. Collaborator

- 3.1 The resident is expected to function as a member of a multi-disciplinary health care team.
- 3.2 The resident must understand the importance of collaboration with family physicians, surgical colleagues, other medical specialists, nurses and other hospital and community health care providers in achieving optimal comprehensive care for patients with vascular surgical problems.

4. Leader

- 4.1 The resident should recognize that many surgical problems, although conceptually and technically within the realm of expertise of general surgeons, are more appropriately managed where there are special thoracic surgery facilities (special expertise in anesthesia, intensive care, diagnostic imaging, nursing, and laboratory facilities).
- 4.2 The general surgery resident must recognize that the care of thoracic surgery patients requires the ability to work effectively in a health care team comprising a range of health care workers.
- 4.3 The general surgery resident is expected to take direction from the faculty and thoracic surgery residents; the resident should supervise medical students, and provide appropriate guidance and teaching for them.

5. Health Advocate

- 5.1 The resident should be aware of the factors beyond surgical care that contribute to quality of life for patients. Examples include the use of tobacco and alcohol.
- 5.2 The resident should recognize environmental factors that contribute to thoracic diseases.
- 5.3 The resident should also identify situations where advocacy is appropriate.

6. Scholar

- 6.1 The resident must prepare for teaching rounds, ward rounds and operating room cases with adult learning principles and evidence-based medicine. The resident should critically evaluate patient outcomes and participate actively in morbidity rounds and mortality rounds on the thoracic surgery service.
- 6.2 The resident should demonstrate a strategy to learn the basic science and clinical aspects of thoracic surgery as outlined in this document.
- 6.3 The resident must develop the capacity to access and apply relevant information as well as new and current therapeutic options to clinical practice.
- 6.4 The resident should pose questions that will provide the basis for clinical research.

7. Professional

- 7.1 The resident must appreciate the emotional and ethical issues surrounding the care of patients with thoracic disease and the need to involve family members and other health care-givers in certain situations.
- 7.2 The resident must recognize her/his limits, make independent decisions when appropriate, but keep senior residents, fellows and attending surgeons informed.
- 7.3 The resident must value the critical need of ongoing systems of peer review, maintenance of competence, and evaluation of outcomes in the surgical management of patients with thoracic disorders.
- 7.4 The resident must be aware of the ethics of research concerning patients.
- 7.5 The resident must demonstrate effective consultation services with respect to patient care, and education.

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed & Updated
	RPC	April 2022	Reviewed



Goals and Objectives

PGY3-5

UBCH Service

1. Medical Expert

- 1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form
- 1.2. Contribute to the advancement of quality care and patient safety in their practice, integrating the available best evidence and best practices.
- 1.3. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.4. Perform a complete and appropriate ASSESSMENT for the following conditions (including but not limited to):
 - 1.4.1. Appendicitis
 - 1.4.2. Biliary disorders
 - 1.4.3. Diverticulitis
 - 1.4.4. Gastro esophageal reflux disease
 - 1.4.5. Abdominal wall hernia
 - 1.4.6. Benign and malignant breast disease
- 1.5. Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP for the following conditions (including but not limited to):
 - 1.5.1. Appendicitis
 - 1.5.2. Biliary disorders
 - 1.5.3. Diverticulitis
 - 1.5.4. Gastro esophageal reflux disease
 - 1.5.5. Abdominal wall hernia
 - 1.5.6. Benign and malignant breast disease
- 1.6. Demonstrate an understanding of KEY SURGICAL STEPS and APPORACHES and exposure to the following conditions:
 - 1.6.1. Laparoscopic colon resection
 - 1.6.2. Laparoscopic anti reflux surgery
 - 1.6.3. Breast ALND
- 1.7. Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.7.1. Laparoscopic appendectomy
 - 1.7.2. Laparoscopic cholecystectomy
 - 1.7.3. Abdominal wall hernia repair
 - 1.7.4. Breast lumpectomy, mastectomy
 - 1.7.5. Breast SLNB
- 1.8. Ensure adequate POSTOPERATIVE CARE and FOLLOW-UP (including but not limited to):

Management of patients with

 - 1.8.1. Appendectomy
 - 1.8.2. Cholecystectomy
 - 1.8.3. Anti reflux surgery
 - 1.8.4. Colonic resection

- 1.8.5. Abdominal wall hernia repair
- 1.8.6. Breast lumpectomy, mastectomy
- 1.9. Ensure appropriate informed consent is obtained for therapies
- 1.10. Document and disseminate information related to procedures performed and their outcomes
- 1.11. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Manager

- 2.1. Set priorities and manage time to balance professional and personal life
- 2.2. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access
- 2.3. Apply evidence-based management processes for cost-appropriate care

3. Scholar

- 3.1. Maintain and enhance professional activities through ongoing learning
- 3.2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- 3.3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate
- 3.4. Contribute to the development, dissemination, and translation of new knowledge and practices

4. Professional

- 4.1. Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behavior through:
 - 4.1.1. Complete and up to date knowledge of patients
 - 4.1.2. Adequate preparation for operative cases
 - 4.1.3. Punctuality and timely response
 - 4.1.4. Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 4.1.5. Appropriate interpersonal interactions
 - 4.1.6. Maintenance of patient and colleague confidentiality
 - 4.1.7. Recognition and response to the unprofessional behaviors of others
 - 4.1.8. Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2019	Reviewed
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Goals and Objectives

PGY3-5

Community General Surgery – Vernon Jubilee Hospital

1. Medical Expert

- 1.1 Perform patient-centered clinical assessments and establish management plans both in a hospital and office setting
- 1.2 Demonstrate clear and timely documentation of patient encounters in dictations and written chart notes
- 1.3 Demonstrate the ability to prioritize and triage multiple patients with acute conditions
- 1.4 Demonstrate appropriate judgment, skills and interpretation in the diagnostic work up
- 1.5 Ensure appropriate informed consent is obtained for therapies
- 1.6 Demonstrate an understanding and approach to principles of surgical management of the following conditions (including but not limited to):
 - 1.6.1 Perforated viscus
 - 1.6.2 Bowel carcinoma
 - 1.6.3 Diverticular disease
 - 1.6.4 Emergency surgery in the anticoagulated patient
 - 1.6.5 Gallstone pancreatitis
 - 1.6.6 Small bowel obstruction
 - 1.6.7 Gastroesophageal reflux
 - 1.6.8 Dysphagia
 - 1.6.9 Thyroid mass
 - 1.6.10 Breast mass
 - 1.6.11 Melanoma
 - 1.6.12 Upper gastrointestinal hemorrhage
 - 1.6.13 Lower gastrointestinal hemorrhage
 - 1.6.14 Suspicious skin lesions
 - 1.6.15 Varicose vein disease
 - 1.6.16 Carpal tunnel syndrome
 - 1.6.17 Tenosynovitis of the hand
- 1.7 Demonstrate knowledge of special considerations for surgical management of geriatric patients age >75
- 1.8 Demonstrate knowledge of indications for and rudimentary interpretation of esophageal manometry and pH studies
- 1.9 Demonstrate proficiency in the conduct of operative procedures (including but not limited to)
 - 1.9.1 Inguinal hernia repair
 - 1.9.2 Ventral hernia repair
 - 1.9.3 Breast lumpectomy
 - 1.9.4 Total mastectomy
 - 1.9.5 Sentinel lymph node biopsy
 - 1.9.6 Laparoscopic appendectomy
 - 1.9.7 Laparoscopic cholecystectomy
 - 1.9.8 Laparoscopic colectomy

- 1.9.9 Open colectomy
- 1.9.10 Placement and formation of ostomies
- 1.9.11 Radical resection of skin malignancy
- 1.9.12 Saphenofemoral ligation for varicose veins
- 1.9.13 Phelectomy and ligation of deep perforators
- 1.9.14 Insertion of venous access device
- 1.9.15 Median nerve decompression
- 1.9.16 Tenosynovectomy
- 1.9.17 Colonoscopy with polypectomy
- 1.9.18 Gastroscopy
- 1.10 Demonstrate knowledge of multi-modal analgesia, including performing peripheral nerve blocks, including but not limited to: ilioinguinal nerve block, retromammary block and intercostal block
- 1.11 Perform daily post-operative rounds and demonstrate appropriate management including discharge planning and anticipation and prevention of complications
- 1.12 Perform ambulatory follow up of post-operative patients in an office setting
- 1.13 Document and disseminate accurate operative reports to relevant recipients, including the patient's primary care physician and other specialists involved with the patient's care
- 1.14 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Communicator

- 2.1 Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.2 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.3 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.4 Engage patients, families, and other professionals in developing plans that reflect the patient's health care needs and goals
- 2.5 Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy
- 2.6 Demonstrate knowledge of electronic forms of direct communication with patients while ensuring confidentiality
- 2.7 Demonstrate knowledge of appropriate communication, disclosure and documentation of an adverse event
- 2.8 Participate in multidisciplinary tumour rounds (on Thursdays at 4pm)

3. Collaborator

- 3.1 Demonstrate understanding of team approach required in the management of malignancies and regular participation in multidisciplinary tumour rounds
- 3.2 Demonstrate appropriate management of emergency surgeries given limited operating room resources and other specialties also need access
- 3.3 Work with others effectively to prevent, negotiate, and resolve interprofessional conflict
- 3.4 Will collaborate effectively with both referring and consulting physicians/services
- 3.5 Recognize and respect the diverse roles, responsibilities, ethics and competences of other professionals
- 3.6 Demonstrate discharging planning of complex patients, including arranging home care nursing
- 3.7 Demonstrate collegial and efficient management of non-surgical referrals

4. Leader/Health Advocate

- 4.1 Demonstrates skill in the non-technical conduct of operative procedures
- 4.2 Demonstrate knowledge of an evidence-based approach in negotiating for limited resources
- 4.3 Demonstrate knowledge of an evidence-based approach to quality improvement
- 4.4 Demonstrate knowledge of the Institute for Healthcare Improvement Triple Aim framework and how this guides policy at the level of the Ministry of Health
- 4.5 Demonstrate knowledge in establishing and maintenance of a medical practice, including overhead costs and human resources

5. Scholar

- 5.1 Teach students, the public and other health care professionals as needed
- 5.2 Integrate best available evidence into practice
- 5.3 Conduct a clinical research project with a focus on quality improvement and/or analysis of the healthcare system (optional)
- 5.4 Participate in journal club and present a summary of cases performed at the end of the rotation with highlights of most interesting cases

6. Professional

- 6.1 Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 6.1.1 Complete and up to date knowledge of patients
 - 6.1.2 Adequate preparation for operative cases
 - 6.1.3 Punctuality
 - 6.1.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 6.1.5 Appropriate interpersonal interactions
 - 6.1.6 Maintenance of patient and colleague confidentiality
 - 6.1.7 Recognition and response to the unprofessional behaviours of others
- 6.2 Active and thoughtful participation in morbidity and mortality rounds
- 6.3 Demonstrate knowledge of physician health and well-being to foster optimal patient care

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	RPC	April 2018	Reviewed
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Goals and Objectives Acute Care Surgery

PGY1-2

1. Surgical Expert

- 1.1. Demonstrates excellent basic and clinical knowledge
- 1.2. Demonstrates sound clinical knowledge and judgement in the assessment and perioperative management of common emergency general surgery conditions including – but not limited to – appendicitis, biliary disease, bowel obstruction, diverticulitis, hernia and bowel ischemia.
- 1.3. Demonstrates expertise in the prevention, assessment and management of surgical complications (delirium, respiratory failure, acute coronary syndromes, wound infection, anastomotic leak, acute kidney injury, urinary tract infection, line sepsis, venous thromboembolism).
- 1.4. Demonstrates understanding of OR room set up, patient positioning
- 1.5. Demonstrates proficiency with assistance and MIS camera work
- 1.6. Demonstrates technical proficiency with knot tying/vessel ligation
- 1.7. Demonstrates technical proficiency with exploratory laparotomy
- 1.8. Demonstrates technical proficiency with abdominal closure
- 1.9. Demonstrates technical proficiency with MIS port placement
- 1.10. Demonstrates technical proficiency with appendectomy
- 1.11. Demonstrates technical proficiency with taking gallbladder off liver bed
- 1.12. Demonstrates technical proficiency with abscess drainage
- 1.13. Completes 1 GRITS form / week

2. Communicator

- 2.1. Writes complete and organized admission notes and consults
- 2.2. Makes clear and concise verbal presentations of consultations
- 2.3. Presents clearly at Morning Report and other handover sessions
- 2.4. Effectively communicates urgent patient issues to team members
- 2.5. Dictates complete, organized and timely discharge summaries
- 2.6. Ensures patients and families understand issues and plans (includes obtaining thorough informed consent)

3. Manager

- 3.1. Demonstrates effective personal time management strategies
- 3.2. Prioritizes effectively
- 3.3. Seeks help and delegates well

4. Professional

- 4.1. Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1. Demonstrates complete and up to date knowledge of patients
 - 4.1.2. Adequately prepared for operative cases
 - 4.1.3. Is punctual and provides timely responses
 - 4.1.4. Accepts responsibility for comprehensive patient care, handover and follow-up

- 4.1.5. Demonstrates appropriate interpersonal interactions
- 4.1.6. Maintains patient confidentiality
- 4.1.7. Actively and thoughtfully participates in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
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Goals and Objectives Acute Care Surgery

PGY3-5

1. Surgical Expert

- 1.1. Demonstrates excellent basic and clinical knowledge
- 1.2. Demonstrates advanced clinical knowledge and judgement in the assessment of common emergency general surgery conditions including – but not limited to – appendicitis, biliary disease, bowel obstruction, diverticulitis, hernia, bowel ischemia, abdominal compartment syndrome and the open abdomen.
- 1.3. Is able to develop thoughtful and nuanced management plans for the complex patient, going beyond an algorithmic approach to find the best, patient-centred approach to a clinical problem.
- 1.4. Demonstrates understanding of OR room set up, patient positioning
- 1.5. Demonstrates sound intraoperative judgment, decision making and technical skills in the management of abdominal sepsis
- 1.6. Demonstrates technical proficiency with exploratory laparotomy
- 1.7. Demonstrates technical proficiency with adhesiolysis
- 1.8. Demonstrates technical proficiency with bowel resection
- 1.9. Demonstrates technical proficiency with cholecystectomy
- 1.10. Demonstrates technical proficiency with emergency hernia repair
- 1.11. Demonstrates technical proficiency with open abdomen
- 1.12. Demonstrates technical proficiency with intraoperative supervision of surgical assistants
- 1.13. Completes 1 GRITS form / week

2. Manager

- 2.1. Demonstrates effective personal time management strategies
- 2.2. Prioritizes effectively
- 2.3. Delegates well
- 2.4. Coordinates consulting services effectively
- 2.5. Displays effective leadership in the operating room (including complete and clear perioperative briefings and communication)
- 2.6. Leads Morning Report and other handover sessions effectively
- 2.7. Displays effective team leadership and management

3. Scholar

- 3.1. Routinely applies critical appraisal skills in evidence based practice
- 3.2. (shows good command of ACS literature)
- 3.3. Organizes high quality informal and formal (Monday ACS Service Rounds) teaching sessions
- 3.4. Completes an SRAT Teaching Assessment*
- 3.5. Initiates in or participates in an ACS quality improvement or research project

4. Professional

- 4.1. Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:

- 4.1.1. Demonstrates complete and up to date knowledge of patients
- 4.1.2. Adequately prepared for operative cases
- 4.1.3. Is punctual and provides timely responses
- 4.1.4. Accepts responsibility for comprehensive patient care, handover and follow-up
- 4.1.5. Demonstrates appropriate interpersonal interactions
- 4.1.6. Maintains patient confidentiality
- 4.1.7. Thoughtfully discloses adverse events
- 4.1.8. Actively and thoughtfully leads morbidity and mortality reviews and other ACS service quality improvement initiatives
- 4.1.9. Directs, counsels, and mentors students and junior residents effectively
- 4.1.10. Exemplifies integrity and high professional standards

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	RPC	August 2017	Reviewed
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**Goals and Objectives**

PGY1-5

Off-Service Rotation in Gastroenterology**1. Overview**

- 1.1 The gastroenterology rotation at VGH, in addition to admitting its own patients, is also a consultative service in the hospital. A wide variety of clinical gastroenterological problems are encountered ranging from General GI to hepatology. There are a number of attending gastroenterologists that rotate through the service. The attending gastroenterologist will supervise the resident(s) on the service.
- 1.2 The resident is expected to participate in the following:
 - 1.2.1 New consultations
 - 1.2.2 Review of patients on the service daily with appropriate notes written
 - 1.2.3 Work with other medical and surgical teams on the wards
 - 1.2.4 Discuss any urgent management issues with the attending gastroenterologist on call
 - 1.2.5 Call as scheduled by the chief gastroenterology fellow
 - 1.2.6 Presentation at teaching and ward rounds
 - 1.2.7 Attendance at teaching sessions
 - 1.2.8 Attendance at assigned outpatient clinics
- 1.3 By the end of the rotations, the resident should be able to achieve most of the following CanMEDS goals and objectives

2. Medical Expert

- 2.1 Assessment of patients in a consultative manner:
 - 2.1.1 Taking a relevant history with emphasis on a gastroenterology/hepatology history
 - 2.1.2 Perform a physical examination
 - 2.1.3 Evaluate current diagnostic tests and laboratory investigations. This includes being able to interpret common findings on endoscopy as well as endoscopic images placed on a chart
- 2.2 Investigation of patients:
 - 2.2.1 Arrange further appropriate diagnostic tests and laboratory investigations
 - 2.2.2 Interpretation of investigations
- 2.3 To understand and manage the common clinical problems in luminal gastroenterology and hepatology - specifically:
 - 2.3.1 The resident should demonstrate an understanding of the etiologies, pathophysiology, clinical manifestations, laboratory findings, methods of prevention and treatment (non-pharmacologic and pharmacologic) of gastrointestinal hemorrhage.
- 2.4 Specific competencies:
 - 2.4.1 Upper GI bleed (e.g. PUD, varices, other)
 - 2.4.2 Lower GI bleed (e.g. diverticular bleed, angiodysplasia, other)
 - 2.4.3 Mid-bowel bleed
 - 2.4.4 Bleeding of unknown origin
 - 2.4.5 Ability to recognize common findings on endoscopy and methods of treatment

- 2.4.6 Ability to assess the acutely bleeding patient in a timely manner and provide a suitable plan for resuscitation and medical/surgical management
- 2.5 The resident should demonstrate an understanding of inflammatory bowel disease including pathophysiology, common clinical manifestations, laboratory findings, methods of prevention and treatment (non-pharmacologic and pharmacologic) of complications of inflammatory bowel disease.
 - 2.5.1 Specific competencies:
 - 2.5.1.1 Management of an acute presentation of IBD including a flare of UC or Crohn's disease
 - 2.5.1.2 Investigative methods in the acutely ill patient including timing of endoscopy, imaging methods as well as limitations of each
 - 2.5.1.3 Major pharmacological options of drugs used in IBD, their efficacy and potential side-effects
 - 2.5.1.4 Nutrition in malnourished patients
 - 2.5.1.5 Surgical principles in management of IBD including timing of surgery
- 2.6 The resident should demonstrate an understanding of common presentations in acute and chronic liver disease including etiologies, pathophysiology, clinical manifestation, laboratory findings, methods of prevention and treatment (non-pharmacologic and pharmacologic) and prognosis.
 - 2.6.1 Specific competencies:
 - 2.6.1.1 Management of acute/fulminant liver failure
 - 2.6.1.2 Management of acute on chronic liver failure
 - 2.6.1.3 Management of common complications of end stage liver disease including hepatic encephalopathy, ascites, HCC, etc
 - 2.6.1.4 Indications for liver transplantation and medical/surgical principles involved
- 2.7 The resident should demonstrate an understanding of common presentations of disorders of the biliary tract and pancreas including etiologies, pathophysiology, clinical manifestation, laboratory findings, methods of prevention and treatment (non-pharmacologic and pharmacologic) and prognosis.
 - 2.7.1 Specific competencies:
 - 2.7.1.1 Differential diagnosis of jaundice
 - 2.7.1.2 Imaging modalities available to evaluate the biliary tree and pancreas including limitations and complications
 - 2.7.1.3 Management of acute and chronic pancreatitis
- 2.8 The resident should demonstrate an understanding of common infectious agents causing clinical disease in the luminal GI tract and liver. This would include etiologies, pathophysiology, clinical manifestation, laboratory findings, methods of prevention and treatment (non-pharmacologic and pharmacologic).
 - 2.8.1 Pathophysiology and differential diagnosis of acute and chronic diarrhea
 - 2.8.1.1 Pathology and endoscopic appearance of common hollow viscera infection
 - 2.8.1.2 Infections of the liver and biliary tract including abscesses and cholangitis
 - 2.8.1.3 Spectrum of agents involved in the immuno-compromised host
- 2.9 The resident should demonstrate an understanding of common malignancies of the digestive tract and hepatobiliary system. This would include etiologies, pathophysiology, clinical manifestation, laboratory and imaging findings, methods of prevention, general principles of treatment and prognosis.
 - 2.9.1 Specific competencies:
 - 2.9.1.1 Esophageal, gastric, colorectal and pancreatic cancer
 - 2.9.1.2 Hepatocellular and cholangiocarcinoma

- 2.10 The resident should demonstrate an understanding of common disorders seen in the outpatient setting.
 - 2.10.1 Specific competencies:
 - 2.10.1.1 Management of GERD and motor disorders of the esophagus
 - 2.10.1.2 Inflammatory bowel disease
 - 2.10.1.3 Irritable bowel syndrome
 - 2.10.1.4 Malabsorptive disorders such as celiac disease
 - 2.10.1.5 Evaluation of abnormal liver enzymes and hepatobiliary disorders
- 2.11 These skills will be taught in the following manner:
 - 2.11.1 Assignment to hospital clinical service that covers management of a GI ward, hospital in-patient and emergency room consult service
 - 2.11.2 Attendance at interdisciplinary rounds (including GI/surgery/radiology and pathology)
 - 2.11.3 Attendance at journal club and gastroenterology academic quarter day
 - 2.11.4 Attendance at outpatient clinics
 - 2.11.5 Attendance of other related hospital-based rounds (medical grand rounds, noon rounds) as well as Department of Medicine academic half-days
 - 2.11.6 Use of a teaching module with case-based learning issues
 - 2.11.7 Attendance in the endoscopy unit and with limited hands-on experience with endoscopy
- 2.12 These skills will be evaluated by:
 - 2.12.1 Assessing quality of consultations as well as follow-up of patients
 - 2.12.2 Monitoring of performance at ward rounds and interdisciplinary conference rounds
 - 2.12.3 Performance in ambulatory clinic and quality of consultations
 - 2.12.4 In-training evaluation and feedback after completion of rotation

3. Communicator

- 3.1 Demonstrate the ability to communicate professionally and compassionately with patients taking into consideration the influence of ethnic/cultural background, socio-economic factors, gravity of the medical condition and need for procedures for diagnosis/therapy.
 - 3.1.1 Specific competencies:
 - 3.1.1.1 Obtaining informed consent for procedures
 - 3.1.1.2 Ensuring patient understands correct preparation required for specific procedures
 - 3.1.1.3 Timely recognition of discharge planning issues and communication with allied health care team members
 - 3.1.1.4 Ensuring referring and family physicians are kept informed of patient's diagnosis, condition, discharge and follow up plans
 - 3.1.1.5 Communicate patient's progress/results of investigations to consult service team
 - 3.1.2 These skills will be taught by:
 - 3.1.2.1 Assignment of a variety of new patient consults that would include exposure to luminal and biliary cases
 - 3.1.2.2 Constructive feedback during ward rounds
 - 3.1.2.3 Observation and participation in interdisciplinary rounds
 - 3.1.3 These skills will be evaluated by:
 - 3.1.3.1 Observation of resident by attending physicians with ongoing feedback and ITER's
 - 3.1.3.2 Performance at weekly interdisciplinary and daily ward rounds
 - 3.1.3.3 Review by attending physicians of quality of consults and written patient record as well as presentation at patient care rounds

4. Collaborator

- 4.1 Working effectively within the consult service team, endoscopy staff and ward allied health care teams
- 4.2 Appropriate use of consultative services
- 4.3 Recognizing and respecting roles of allied health care teams and members
 - 4.3.1 Specific competencies:
 - 4.3.1.1 Efficient planning and scheduling of procedures
 - 4.3.1.2 Timely recognition of discharge planning issues and communication with allied health care team members
 - 4.3.2 These skills will be taught by:
 - 4.3.2.1 Assignment of a variety of new patient consults that would include exposure to luminal and biliary cases
 - 4.3.2.2 Assignment of care of chronic patients anticipated to have discharge planning issues
 - 4.3.3 These skills will be evaluated by:
 - 4.3.3.1 Observation of resident by attending physicians with ongoing feedback and ITER's
 - 4.3.3.2 Input from fellows and nursing staff (PSCs on wards)

5. Leader

- 5.1 Recognition of the importance of health care economics and the need for effective management and utilization of resources.
 - 5.1.1 Specific competencies:
 - 5.1.1.1 Understanding patient flow in endoscopy unit, management as well as logistics of scheduling procedures
 - 5.1.1.2 Timely recognition of discharge planning issues and communication with allied health care team
 - 5.1.2 These skills will be taught by:
 - 5.1.2.1 Assignment of a variety of new patient consults that would include exposure to luminal and biliary cases
 - 5.1.2.2 Assignment of care of chronic patients anticipated to have discharge planning issues
 - 5.1.3 These skills will be evaluated by:
 - 5.1.3.1 Observation of resident by attending physicians with ongoing feedback and ITER's
 - 5.1.3.2 Input from fellows and nursing staff (PSCs on wards)

6. Health Advocate

- 6.1 Learn and implement principles of preventive medicine strategies as they apply to chronic liver disease, inflammatory bowel disease, etc
- 6.2 Recognition of the need as it arises on behalf of patients with complex medical problems and psychosocial issues including safe discharge planning for patients with a terminal illness on a background of socio-economic issues
 - 6.2.1 Specific competencies:
 - 6.2.1.1 Imparting an awareness to patients of lifestyle modifications which have a major impact on their disease, e.g. alcohol cessation in liver disease, smoking cessation in IBD, management of narcotics in chronic conditions such as IBS/pancreatitis
 - 6.2.1.2 Imparting an understanding to patients of side-effects of drugs used in management of chronic conditions, e.g. corticosteroids in IBD
 - 6.2.1.3 Follow up care of patients and family members when a diagnosis has implications for the family, e.g. screening for CRC/ceeliac/HBV in family members

- 6.2.1.4 Ensuring appropriate referrals to other services such as liver transplant in end-stage liver disease, oncology for neoplastic conditions, etc
- 6.2.2 These skills will be taught by:
 - 6.2.2.1 Assignment of a variety of new patient consults that would include exposure to chronic disease such as IBD, end-stage liver disease, etc
 - 6.2.2.2 Assignment of care of chronic patients anticipated to have discharge planning issues
 - 6.2.2.3 Discussions at ward rounds covering a variety of issues including ongoing preventive and treatment strategies for clinical conditions diagnosed during hospitalization, e.g. HCC, fistulizing Crohn's disease, alcohol cessation in patients with chronic liver disease, preventive strategies for family members in patients diagnosed with CRC/ceeliac disease, etc.
- 6.2.3 These skills will be evaluated by:
 - 6.2.3.1 Observation of resident by attending physicians with ongoing feedback and ITER's
 - 6.2.3.2 Performance at daily ward rounds and in the out-patient clinic setting

7. Scholar

- 7.1 Understand how to search and critically appraise published material; appropriately incorporate this acquired information into clinical practice particularly as it would apply to common/general GI problems.
- 7.2 Demonstrate the ability to teach medical students and residents effectively, and communicate the acquired broad base of knowledge and clinical skills to patients, families and other health care providers.
 - 7.2.1 Specific competencies:
 - 7.2.1.1 Latest strategies in management of complications of end-stage liver disease, inflammatory bowel disease, etc
 - 7.2.1.2 Skills to research literature when faced with uncommon presentations/disorders in GI
 - 7.2.2 These skills will be taught by:
 - 7.2.2.1 Assignment of a variety of new patient consults that would include exposure to common diseases such as IBD, end-stage liver disease as well as less common cases requiring literature searches for management strategies
 - 7.2.3 These skills will be evaluated by:
 - 7.2.3.1 Observation of resident by attending physicians with ongoing feedback and ITER's
 - 7.2.3.2 Performance at daily ward rounds and in the out-patient clinic setting
 - 7.2.3.3 Quality of presentations and background research done on patients presented at interdisciplinary rounds

8. Professional

- 8.1 Recognize, analyze and attempt to resolve in clinical practice ethical issues in patients with chronic GI diseases.
 - 8.1.1 Specific competencies:
 - 8.1.1.1 Disclosing diagnosis of chronic or terminal illness to a patient
 - 8.1.1.2 Obtaining informed consent
 - 8.1.1.3 Issues around liver transplantation
 - 8.1.1.4 Issues around management of patients with end-stage liver disease including discussion of end of life issues and risk of driving
 - 8.1.1.5 Discussion around enteral feeding including PEG tube placement
 - 8.1.2 These skills will be taught by:
 - 8.1.2.1 Assignment of a variety of new patient consults that would include exposure to chronic disease such as IBD, end-stage liver disease, etc

- 8.1.2.2 Assignment of care of chronic patients anticipated to have issues outlined above
- 8.1.2.3 Discussions at ward rounds
- 8.1.3 These skills will be evaluated by:
 - 8.1.3.1 Observation of resident by attending physicians with ongoing feedback and ITER's
 - 8.1.3.2 Performance at daily ward rounds
 - 8.1.3.3 Input from fellows and nursing staff (PSCs on wards)

9. Ambulatory Care

- 9.1 The ambulatory component is part of the general GI rotation and each resident is assigned to at least one luminal and one hepatology oriented out patient clinic experience. For medical expert and other non-medical expert CAN Meds roles please refer to the above.
- 9.2 The resident is expected to attain proficiency in the following:
 - 9.2.1 Understand the strengths and limitations of ambulatory medicine as it applies to the patient. Specifically the resident should get exposure to common chronic conditions that need to be investigated and managed such as:
 - 9.2.1.1 Chronic abdominal pain
 - 9.2.1.2 Chronic diarrhea and constipation
 - 9.2.1.3 Upper GI issues such as chronic GERD, dysphagia, etc
 - 9.2.1.4 Nonspecific symptoms such as nausea/vomiting, weight loss
 - 9.2.1.5 Elevation of LFTS, chronic hepatitis, other hepatobiliary disorders
 - 9.2.1.6 CRC and screening
 - 9.2.2 Recognizes common ethical issues in the ambulatory setting (such as truth telling, consent and resource allocation. This exposure will naturally follow in the evaluation of new patient consults sent for a variety of problems such as:
 - 9.2.2.1 CRC screening
 - 9.2.2.2 Surveillance of patients with chronic hepatitis (e.g. surveillance of HCC, varices, etc).
 - 9.2.2.3 Consent taking for out-patient procedures
 - 9.2.2.4 Disclosure of life altering diagnosis e.g. CRC, Crohn's, chronic liver disease etc.
 - 9.2.3 Punctuality. All residents are given an ambulatory clinic schedule well in advance and they are expected to attend or provide adequate notice of absences.
 - 9.2.4 Demonstrate appropriate use of other consultative services. This will naturally follow from a variety of new patient consults such as:
 - 9.2.4.1 Referral to a hepatobiliary surgeon for treatment of HCC, pancreatic mass, etc
 - 9.2.4.2 Referral to surgeon for CRC
 - 9.2.4.3 Referral to nutritionist for celiac disease
 - 9.2.4.4 Referral for transplant assessment
 - 9.2.5 Appropriate and accurate dictation of consult notes. Each resident is provided with a template and is expected to have all dictations done prior to leaving the clinic for the day. These dictations are reviewed and the resident is given an opportunity to return to look at corrections.

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	May 2022	Reviewed



Excellent surgeons

Goals and Objectives

PGY1-2

Hepato-Pancreatic and Biliary Surgery and Liver Transplantation (HPB) Service

1. Medical Expert

- 1.1 **Perform a consultation**, including the presentation of well-documented assessments and recommendations in written and/or verbal form
- 1.2 Identify and appropriately respond to relevant ethical issues arising in patient care
- 1.3 Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.4 Perform a complete and appropriate **ASSESSMENT** for the following conditions (including but not limited to):
 - 1.4.1 Liver benign and oncology
 - 1.4.2 Biliary tree inflammatory, infectious and oncology
 - 1.4.3 Pancreatic malignancy
 - 1.4.4 Pancreatitis
 - 1.4.5 Surgical complications of HPB surgery
 - 1.4.6 Liver transplantation
- 1.5 Demonstrate appropriate judgment, skills and interpretation in the **DIAGNOSTIC WORK UP** for the following conditions (including but not limited to):
 - 1.5.1 Liver benign and oncology
 - 1.5.2 Biliary tree inflammatory, infectious and oncology
 - 1.5.3 Pancreatic malignancy
 - 1.5.4 Pancreatitis
 - 1.5.5 Surgical complications of HPB surgery
 - 1.5.6 Liver transplantation
- 1.6 Demonstrate an understanding and approach to **PRINCIPLES OF SURGICAL MANAGEMENT** of the following conditions (including but not limited to):
 - 1.6.1 Liver resection
 - 1.6.2 Pancreatic resection
 - 1.6.3 Biliary resection/reconstruction
- 1.7 Demonstrate proficiency in the **CONDUCT OF OPERATIVE PROCEDURES** (including but not limited to):
 - 1.7.1 Opening abdomen
 - 1.7.2 Closure surgical wounds
 - 1.7.3 Drain placement and securing
 - 1.7.4 Establish pneumoperitoneum and laparoscopic port insertion
 - 1.7.5 Operative set up of cases
- 1.8 Ensure adequate **POSTOPERATIVE CARE and FOLLOW-UP** (including but not limited to):
 - 1.8.1 HPB patients with drains and/or stents
 - 1.8.2 Patients in the step down unit
- 1.9 Ensure appropriate informed consent is obtained for therapies
- 1.10 Document and disseminate information related to procedures performed and their outcomes.
- 1.11 Attend clinical offices of staff surgeons (2 half days/month)

2. Communicator

- 2.1 Develop rapport, trust, and ethical therapeutic **relationships with patients and families**
- 2.2 Accurately **elicit and synthesize relevant information** and perspectives of patients and families, colleagues and other professionals
- 2.3 **Convey relevant information and explanations** accurately to patients and families, colleagues and other professionals
- 2.4 **Develop a common understanding** on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.5 **Convey effective oral and written information about a medical encounter**

3. Collaborator

- 3.1 **Multidisciplinary patient management**; multidisciplinary **rounds** (GI, Radiology, Liver transplantation)
- 3.2 Recognize and respect the **diverse roles**, responsibilities, ethics and competences **of other professionals**
- 3.3 Work with others effectively to assess, plan, provide and review other tasks
- 3.4 Respect team ethics, including **confidentiality, resource allocation and professionalism**
- 3.5 Work with others effectively to plan and care for patients
- 3.6 Work with others effectively to **prevent, negotiate, and resolve interprofessional conflict**

4. Leader

- 4.1 **Set priorities and manage time** to balance professional and personal life
- 4.2 Employ information technology appropriately
- 4.3 Apply **evidence-based management** processes for cost-appropriate care

5. Health Advocate

- 5.1 Identification and anticipation of **social and economic risk factors** leading to HPB pathology
- 5.2 Respond to individual patient health needs as part of patient care
- 5.3 **Identify opportunities for advocacy**, health promotion and disease prevention with individuals to whom they provide care
- 5.4 Appreciate the possibility that **competing** political, cultural and other interests influence resource allocation for health care, such as allocation of operating rooms
- 5.5 Describe the role of the medical profession in advocating collectively for health and patient safety, such as universal precautions for blood borne pathogens

6. Scholar

- 6.1 **Participation in rounds:**
 - 6.1.1 Educational rounds
 - 6.1.2 Monthly Mortality and Morbidity rounds
 - 6.1.3 Liver transplantation
 - 6.1.4 Transplant research rounds
 - 6.1.5 GI/GS rounds
- 6.2 Participation in ongoing clinical and review studies on HPB service
- 6.3 Maintain and enhance professional activities through **ongoing learning**
- 6.4 **Critically evaluate medical information** and its sources, and apply this appropriately to practice decisions
- 6.5 **Facilitate the learning** of patients, families, students, residents, other health professionals, the public and others, as appropriate
- 6.6 Contribute to the development, dissemination, and translation of new knowledge and practices

7. Professional

- 7.1 Exhibit appropriate professional behaviors in practice, including **honesty, integrity, commitment, compassion, respect and altruism**
- 7.2 **Establish appropriate and ethical relationships** with colleagues, patients and relatives, industry, advocacy groups and other organizations
- 7.3 Recognize the principles and limits of patient and colleague confidentiality as defined by professional practice standards and the law
- 7.4 Recognize and respond to others' unprofessional behaviour in practice
- 7.5 Balance personal and professional priorities to ensure personal health and a sustainable practice
- 7.6 Recognize the importance of role modeling

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	May 2022	Reviewed



Goals and Objectives

PGY3-5

Hepato-Pancreatic and Biliary Surgery and Liver Transplantation (HPB) Service

1. Overall Objectives:

- 1.1 Mastery of basic physician skills related to HPB pathology (RCPSC Goals of Training in General Surgery)
- 1.2 Well organized understanding of **HPB anatomy, pathology and pathophysiology**
- 1.3 Function as a **coordinator and supervisor** of junior house staff and students on the HPB service involving preoperative, intraoperative and postoperative patient management delivered in step down unit, ICU and on the ward
- 1.4 Improvement in performance as a first assist and operator in majority of GS and emergency cases
- 1.5 Introduction to **HPB specific surgical procedures** in conjunction with HPB fellow activity and following the RCPSC goals of training (refer to role of residents in the OR document)
- 1.6 Function as a coordinator and supervisor of call schedule along with co-senior and fellow.

2. Communicator:

- 2.1 Communication skills with patients and family members:
 - 2.1.1 Obtaining **informed consent** for surgical procedures
 - 2.1.2 Ability to **break bad news**
 - 2.1.3 Communicate with patient and patient family regarding the goals and process of their care, including work up, in hospital care and follow up.
- 2.2 Communication with staff surgeons and other members of the health care team:
 - 2.2.1 Nurse clinicians
 - 2.2.2 Nursing staff
 - 2.2.3 Other health professionals
 - 2.2.4 Residents and medical students
- 2.3 Communication through documentation and reports:
 - 2.3.1 timeliness
 - 2.3.2 clarity
 - 2.3.3 accuracy

3. Collaborator:

- 3.1 Ability to optimize working environment with staff surgeons, staff physicians, services, and other health care professionals
- 3.2 Flexibility to best utilize limited resources available to staff surgeons and other health professionals
 - 3.2.1.1 **Multidisciplinary patient management:**
 - 3.2.1.1.1.1 Multidisciplinary rounds (GI, Radiology, Liver transplantation)
 - 3.2.1.1.1.2 Patients discharge planning
 - 3.2.1.1.1.3 Family involvement and support
 - 3.2.1.2 Demonstrate ability to **avoid, manage and resolve conflict**

4. Leader:

- 4.1 Time management in light of conflicting and multiple demands, and ability to prioritize these

- 4.2 Take on leadership role and responsibility for the care of inpatients while coordinating junior house staff
- 4.3 Junior resident and medical student task delegation and supervision to carry out task ii above
- 4.4 Maintain mindfulness of cost effective and timely usage of resources
- 4.5 Obtain skills and learn principles of office and practice management

5. Health Advocate:

- 5.1 Facilitate patient and disease specific discharge planning
- 5.2 Identify and anticipate of social and economic risk factors leading to HPB pathology
- 5.3 Show an ability to intervene on behalf of the patient and family to reduce or eliminate risks.

6. Scholar:

- 6.1 Participation in rounds:
 - 6.1.1 Educational rounds (HPB every second Tue)
 - 6.1.2 Monthly Mortality and Morbidity rounds
 - 6.1.3 Liver transplantation (activation rounds)
 - 6.1.4 Transplant research rounds
 - 6.1.5 GI/GS rounds
- 6.2 Participation in ongoing clinical and review studies on HPB service and problem appropriate self-guided literature review
- 6.3 Teaching effort directed towards medical students, junior residents and allied other health professionals during daily activities and in the operating room

7. Professional:

- 7.1 High ethical and moral standards in daily interaction in working environment and during learning activities
- 7.2 Punctuality and preparedness for daily activities
- 7.3 Expression of ability to
 - 7.3.1 self recognize limitations and ability
 - 7.3.2 seek advice or assistance when necessary
 - 7.3.3 accept advice and respond appropriately
- 7.4 Demonstrate ability to avoid, manage and resolve conflict
- 7.5 Demonstrate ability to work well with other members of the team including senior residents and fellow(s), in order to balance quality patient care with learning priorities while maintaining collegiality.

The residents will be presented with objectives and goals at the beginning of the rotation. Mid-rotation evaluation will be conducted according to the needs of involved residents. Any comments or suggestions regarding educational and service improvements are welcomed from any involved parties.

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	May 2022	Reviewed



Goals and Objectives Minimally Invasive Surgery (MIS) Service

PGY1-2

1. Medical Expert

- 1.1. Function effectively as junior residents, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
- 1.2. Describe the CanMEDS framework of competencies relevant to General Surgery
- 1.3. Apply learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 1.4. Contribute to the enhancement of quality care and patient safety, integrating the available best evidence and best practices
- 1.5. Understand the basic management concepts for the following conditions (including but not limited to):
 - 1.5.1. Benign Colorectal disorders (e.g. diverticular disease, IBD, perianal disorders, etc.)
 - 1.5.2. Colorectal Cancer
 - 1.5.3. Foregut disorders (GERD, Hiatus Hernia, Achalasia)
 - 1.5.4. Gastric Malignancies (AdenoCa, GIST, etc.)
 - 1.5.5. Inguinal hernia
 - 1.5.6. Abdominal wall reconstruction
 - 1.5.7. Biliary disorders (including biliary colic and cholecystitis)
 - 1.5.8. Splenic disorders (benign and malignant) - ITP, Myelofibrosis, Lymphoma, etc.
 - 1.5.9. Adrenal neoplasms
- 1.6. Perform a complete and appropriate ASSESSMENT
- 1.7. Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.8. Demonstrate and understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions (including but not limited to):
 - 1.8.1. Biliary Colic
 - 1.8.2. GERD
 - 1.8.3. Achalasia
 - 1.8.4. Colorectal cancer
 - 1.8.5. Diverticular disease
 - 1.8.6. Gastric cancer
 - 1.8.7. Abdominal wall hernias
 - 1.8.8. ITP
 - 1.8.9. Benign adrenal neoplasms
- 1.9. Understand the basic principles in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.9.1. Laparoscopic appendectomy
 - 1.9.2. Laparoscopic cholecystectomy
 - 1.9.3. Open abdominal wall hernia repair
 - 1.9.4. Setup and Port placement for the DaVinci robotic platform
- 1.10. Ensure appropriate informed consent is obtained for procedures
- 1.11. Document information related to procedures performed and their outcomes

- 1.12. Ensure adequate post-operative care and follow up is arranged for patients
- 1.13. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Manager

- 2.1. Attendance at the surgeons' offices (at minimum ½ day/week) enabling the resident to become a more cost-effective manager of the patients, and assist in the organization of practice management
- 2.2. Manage their career effectively by setting priorities and managing time to balance professional and personal life
- 2.3. Allocate health care resources appropriately, balancing effectiveness, efficiency and access
- 2.4. Demonstrate the ability to organize and teach the medical students on the service

3. Scholar

- 3.1. Attend MIS Skills training sessions at the Vancouver Simulation Centre, to independently develop laparoscopic skills (e.g. suturing and knot tying)
- 3.2. Completion of the DaVinci Robotic Modules for trainees at the start of the rotation
- 3.3. Maintain and enhance professional activities through ongoing learning
- 3.4. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- 3.5. Facilitate the learning of patients, families, students, other health professionals, the public and others, as appropriate

4. Professional

- 4.1. Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1. Complete and up to date knowledge of patients
 - 4.1.2. Adequate preparation for operative cases
 - 4.1.3. Punctuality and timely response
 - 4.1.4. Acceptance of responsibility for patient care, handover and follow-up
 - 4.1.5. Appropriate interpersonal interactions
 - 4.1.6. Maintenance of patient and colleague confidentiality
 - 4.1.7. Recognition and response to the unprofessional behaviours of others
 - 4.1.8. Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

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	RPC	August 2019	Reviewed
	RPC	February 2020	Reviewed
	RPC	April 2022	Reviewed



Goals and Objectives

PGY3-5

Minimally Invasive Surgery (MIS) Service

1. Medical Expert

- 1.1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
- 1.2. Describe the CanMEDS framework of competencies relevant to General Surgery
- 1.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 1.4. Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 1.5. Use preventive and therapeutic interventions effectively for the following conditions (including but not limited to):
 - 1.5.1. Benign Colorectal disorders (e.g. diverticular disease, IBD, perianal disorders, etc.)
 - 1.5.2. Colorectal Cancer
 - 1.5.3. Foregut disorders (GERD, Hiatus Hernia, Achalasia)
 - 1.5.4. Gastric Malignancies (AdenoCa, GIST, etc.)
 - 1.5.5. Inguinal hernia
 - 1.5.6. Abdominal wall reconstruction
 - 1.5.7. Biliary disorders (including biliary colic and cholecystitis)
 - 1.5.8. Splenic disorders (benign and malignant)- ITP, Myelofibrosis, Lymphoma, etc.
 - 1.5.9. Adrenal neoplasms
- 1.6. Perform a complete and appropriate ASSESSMENT
- 1.7. Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.8. Demonstrate and understanding and approach to the SURGICAL MANAGEMENT of the following conditions (including but not limited to):
 - 1.8.1. Biliary Colic
 - 1.8.2. GERD
 - 1.8.3. Achalasia
 - 1.8.4. Colorectal cancer
 - 1.8.5. Diverticular disease
 - 1.8.6. Gastric cancer
 - 1.8.7. Abdominal wall hernias
 - 1.8.8. ITP
 - 1.8.9. Benign adrenal neoplasms
- 1.9. Understand the principles in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.9.1. Laparoscopic anti reflux surgery
 - 1.9.2. Laparoscopic Heller myotomy
 - 1.9.3. Laparoscopic and Open colorectal surgery
 - 1.9.4. Laparoscopic splenectomy
 - 1.9.5. Laparoscopic and Open abdominal wall hernia repair
 - 1.9.6. Setup and Port placement for the DaVinci robotic platform
 - 1.9.7. Upper GI endoscopy

- 1.9.8. Colonoscopy
- 1.10. Ensure appropriate informed consent is obtained for procedures
- 1.11. Document and disseminate information related to procedures performed and their outcomes
- 1.12. Ensure adequate post-operative care and follow up is arranged for patients.
- 1.13. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Manager

- 2.1. Attendance at the surgeons’ offices (at minimum ½ day/week) enabling the resident to become a more cost-effective manager of the patients, and assist in the organization of practice management
- 2.2. Contribute to the effectiveness of their health care organizations and systems, including participating in systemic quality process evaluation and improvement
- 2.3. Manage their practice and career effectively by setting priorities and managing time to balance professional and personal life
- 2.4. Allocate health care resources appropriately, balancing effectiveness, efficiency and access
- 2.5. Demonstrate the ability to serve in administrative and leadership roles

3. Scholar

- 3.1. Attend any scheduled MIS Skills training sessions at the Vancouver Simulation Centre to independently develop laparoscopic skills
- 3.2. Completion of the DaVinci Robotic Modules for trainees during the rotation if not already completed as a junior resident
- 3.3. Acquisition and intelligent use of new laparoscopic techniques
- 3.4. Maintain and enhance professional activities through ongoing learning
- 3.5. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- 3.6. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate
- 3.7. Contribute to the development, dissemination, and translation of new knowledge and practices

4. Professional

- 4.1. Demonstrate strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1. Complete and up to date knowledge of patients
 - 4.1.2. Adequate preparation for operative cases
 - 4.1.3. Punctuality and timely response
 - 4.1.4. Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 4.1.5. Appropriate interpersonal interactions
 - 4.1.6. Maintenance of patient and colleague confidentiality
 - 4.1.7. Recognition and response to the unprofessional behaviours of others
 - 4.1.8. Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2019	Reviewed
	RPC	February 2020	Reviewed
	RPC	April 2022	Reviewed



Goals and Objectives Surgical Oncology

PGY3-5

1. Medical Expert

- 1.1 Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
- 1.2 Describe the CanMEDS framework of competencies relevant to General Surgery
- 1.3 Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 1.4 Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 1.5 Use preventive and therapeutic interventions effectively for the following conditions (including but not limited to):
 - 1.5.1 Breast cancer (including locally advanced)
 - 1.5.2 Melanoma
 - 1.5.3 Gastric cancer
 - 1.5.4 Colorectal cancer (including obstructing cancer)
 - 1.5.5 Thyroid cancer
 - 1.5.6 GIST
 - 1.5.7 Peritoneal Surface Malignancies
- 1.6 Perform a complete and appropriate ASSESSMENT for the following conditions (including but not limited to):
 - 1.6.1 Breast cancer (including locally advanced)
 - 1.6.2 Melanoma
 - 1.6.3 Gastric cancer
 - 1.6.4 Colorectal cancer (including obstructing cancer)
 - 1.6.5 Thyroid cancer
 - 1.6.6 GIST
 - 1.6.7 Peritoneal Surface Malignancies
- 1.7 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP for the following conditions (including but not limited to):
 - 1.7.1 Breast cancer (including locally advanced)
 - 1.7.2 Melanoma
 - 1.7.3 Gastric cancer
 - 1.7.4 Colorectal cancer (including obstructing cancer)
 - 1.7.5 Thyroid cancer
 - 1.7.6 GIST
 - 1.7.7 Peritoneal Surface Malignancies
- 1.8 Demonstrate and understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions (including but not limited to):
 - 1.8.1 Soft tissue sarcoma
 - 1.8.2 Recurrent cancers
 - 1.8.3 Palliative surgery in oncology
- 1.9 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):

- 1.9.1 Fine wired guided excisional breast biopsy
- 1.9.2 Partial mastectomy
- 1.9.3 Sentinel node biopsy
- 1.9.4 Axillary node dissection
- 1.9.5 Mastectomy
- 1.9.6 Thyroid lobectomy
- 1.9.7 Wide excision of soft tissue mass
- 1.9.8 Bowel resection
- 1.9.9 Wide excision of melanoma
- 1.9.10 Mobilization of rectum for TME with minimal assistance
- 1.9.11 Vascular control of massive spleen for splenectomy with minimal assistance
- 1.9.12 Appropriate handling of radiated tissue with minimal assistance
- 1.9.13 Assists at skin sparing mastectomy
- 1.10 Ensure appropriate informed consent is obtained for procedures
- 1.11 Document and disseminate information related to procedures performed and their outcomes
- 1.12 Ensure adequate post-operative care and follow up is arranged (including but not limited to):
- 1.13 Drain management for breast and melanoma patients
- 1.14 Stoma management
- 1.15 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Communicator

- 2.1 Demonstrate an appreciation of the unique psychological needs of solid organ cancer patients and demonstrate an awareness of the resources available to assist in this area
- 2.2 Formulate discharge plans with team and ensures patient, family, nursing, referring MD (and follow-up MD) aware and have appropriate information
- 2.3 Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.4 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.5 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.6 Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.7 Convey effective oral and written information about a medical encounter

3. Collaborator

- 3.1 Demonstrate understanding of the team approach required in the management of breast, gastric and rectal cancer patients including the referral process for medical and radiation oncology consultation at the BC Cancer Agency
- 3.2 Demonstrate understanding of the team approach required in the management of breast cancer patients requiring breast reconstruction including the need for communication between surgical oncology, plastic surgery and radiation oncology
- 3.3 Attend and be able to provide surgical input as requested BCCA multidisciplinary conferences in sarcoma, GI, melanoma and breast cancer

4. Professional

- 4.1 Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1 Complete and up to date knowledge of patients
 - 4.1.2 Adequate preparation for operative cases
 - 4.1.3 Punctuality and timely response
 - 4.1.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up

- 4.1.5 Appropriate interpersonal interactions
- 4.1.6 Maintenance of patient and colleague confidentiality
- 4.1.7 Recognition and response to the unprofessional behaviors of others
- 4.1.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	April 2022	Reviewed/updated



Goals and Objectives Surgical Oncology

PGY1-2

1. Medical Expert

- 1.1 Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form
- 1.2 Identify and appropriately respond to relevant ethical issues arising in patient care
- 1.3 Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.4 Perform a complete and appropriate ASSESSMENT for the following conditions (including but not limited to):
 - 1.4.1 Breast cancer
 - 1.4.2 Abnormal mammograms
 - 1.4.3 Benign breast lumps
 - 1.4.4 Lymphadenopathy
- 1.5 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP for the following conditions (including but not limited to):
 - 1.5.1 Breast cancer
 - 1.5.2 Abnormal mammograms
 - 1.5.3 Benign breast lumps
 - 1.5.4 Lymphadenopathy
- 1.6 Demonstrate an understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions (including but not limited to):
 - 1.6.1 Malignant soft tissue masses
 - 1.6.2 Malignant bowel obstruction
- 1.7 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.7.1 Excisional biopsy of a benign breast mass
 - 1.7.2 Excisional biopsy of a lymph node
 - 1.7.3 Abdominal opening and closure at laparotomy
 - 1.7.4 Knot tying
 - 1.7.5 Drain placement including position selection and securing
 - 1.7.6 Obtain hemostasis in a biopsy cavity
- 1.8 Ensure adequate POSTOPERATIVE CARE and FOLLOW-UP (including but not limited to):
 - 1.8.1 Drain management for breast patients
- 1.9 Ensure appropriate informed consent is obtained for therapies
- 1.10 Document and disseminate information related to procedures performed and their outcomes

2. Communicator

- 2.1 Demonstrate an appreciation of the unique psychological needs of oncology patients and will demonstrate understanding of the resources available for support in this area, specifically with respect to breast cancer patients
- 2.2 Formulate discharge plans with team and ensures patient, family, nursing, referring MD (and follow-up MD) aware and have appropriate information. This will include referral to the BC Cancer Agency

- 2.3 Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.4 Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.5 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.6 Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.7 Convey effective oral and written information about a medical encounter

3. Collaborator

- 3.1 Demonstrate understanding of the multidisciplinary team approach required in the management of oncology patients, specifically with respect to breast cancer patients.
- 3.2 Demonstrate understanding of the referral process for medical and radiation oncology consultation for both urgent and non-urgent patients.

4. Professional

- 4.1 Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1 Complete and up to date knowledge of patients
 - 4.1.2 Adequate preparation for operative cases
 - 4.1.3 Punctuality and timely response
 - 4.1.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 4.1.5 Appropriate interpersonal interactions
 - 4.1.6 Maintenance of patient and colleague confidentiality
 - 4.1.7 Recognition and response to the unprofessional behaviours of others
 - 4.1.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
	RPC	August 2019	Reviewed
	RPC	April 2022	Reviewed



Excellent surgeons

Goals and Objectives

PGY3-5

Trauma

1. Medical Expert

- 1.1 Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form
- 1.2 Contribute to the advancement of quality care and patient safety in their practice, integrating the available best evidence and best practices.
- 1.3 Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.4 Perform a complete and appropriate ASSESSMENT for the following conditions (including but not limited to):
 - 1.4.1 Major trauma, acute injuries
 - 1.4.2 Hypoxia
 - 1.4.3 Shock
 - 1.4.4 Decreased level of consciousness
 - 1.4.5 Injury due to burns and cold
 - 1.4.6 Acute renal failure
 - 1.4.7 Sepsis and multisystem organ failure
- 1.5 Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP for the following conditions (including but not limited to):
 - 1.5.1 Major trauma, acute injuries
 - 1.5.2 Hypoxia
 - 1.5.3 Shock
 - 1.5.4 Decreased level of consciousness
 - 1.5.5 Injury due to burns and cold
 - 1.5.6 Acute renal failure
 - 1.5.7 Sepsis and multisystem organ failure
- 1.6 Demonstrate an understanding and approach to the resuscitation of injured patients in shock
 - 1.6.1 Damage Control Resuscitation in hemorrhagic shock
 - 1.6.2 Supportive management in neurogenic shock
 - 1.6.3 Decompressive management for obstructive shock
 - 1.6.4 Identification and workup of trauma related cardiogenic shock
- 1.7 Demonstrate an understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions:
 - 1.7.1 Head, neck and spine injury
 - 1.7.2 Pelvic and extremity injury
 - 1.7.3 Facial injury
- 1.8 Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.8.1 Standard resuscitation procedures (including tube thoracostomy, intravenous lines, arterial lines, set up of level one transfuser)
 - 1.8.2 Resuscitative and urgent thoracotomy
 - 1.8.3 Tracheostomy

- 1.8.4 Maneuvers for hemorrhage control in severe abdominal trauma
- 1.8.5 Decompressive laparotomy for abdominal compartment syndrome
- 1.8.6 Management of extremity vascular trauma
- 1.9 Ensure adequate POSTOPERATIVE CARE and FOLLOW-UP (including but not limited to):
 - 1.9.1 Acute multisystem management in the intensive care setting
 - 1.9.2 Management of complications in hospitalized and outpatient setting
 - 1.9.3 Management of abdominal compartment syndrome
- 1.10 Demonstrate understanding of principles of triage: underlying field identification of major trauma patients and their safe transportation
- 1.11 Understand the components of trauma systems and the need for increasing levels of care based on severity of injury
- 1.12 Demonstrate understanding of mechanisms of injury, including high-risk mechanisms and injury associations
- 1.13 Demonstrate understanding of metabolic response to injury, the systemic inflammatory response and multiple organ dysfunction syndrome
- 1.14 Ensure appropriate informed consent is obtained for therapies
- 1.15 Document and disseminate information related to procedures performed and their outcomes
- 1.16 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

2. Communicator

- 2.1 Awareness of risk and benefit of trauma interventions and clear communication of these in the attainment of informed consent
- 2.2 Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.3 Convey effective oral and written information about a medical encounter

3. Leader

- 3.1 Effective leadership during trauma resuscitations
- 3.2 Management of multidisciplinary team through sub-acute and rehabilitative phases of illness
- 3.3 Take responsibility and delegate appropriately
- 3.4 Supervise more junior residents and medical students
- 3.5 Participate with attending surgeons in evaluating other residents and students
- 3.6 Monitor and review all complications and deaths occurring on the service
- 3.7 Set priorities and manage time to balance professional and personal life
- 3.8 Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access
- 3.9 Apply evidence-based management processes for cost-appropriate care

4. Professional

Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:

- 4.1 Complete and up to date knowledge of patients and maintenance of an up to date list of patients
- 4.2 Adequate preparation for operative cases
- 4.3 Punctuality and timely response
- 4.4 Acceptance of responsibility for comprehensive patient care, handover and follow-up
- 4.5 Appropriate interpersonal interactions
- 4.6 Maintenance of patient and colleague confidentiality
- 4.7 Recognition and response to the unprofessional behaviours of others

4.8 Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives

Action	Committee	Review Date	Status
	RPC	August 2017	Reviewed
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Goals and Objectives

PGY3-5

Community General Surgery – Urban Rotations

Victoria

1. Medical Expert

- 1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form
- 1.2. Contribute to the advancement of quality care and patient safety in their practice, integrating the available best evidence and best practices.
- 1.3. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems.
- 1.4. Perform a complete and appropriate ASSESSMENT
- 1.5. Demonstrate appropriate judgment, skills and interpretation in the DIAGNOSTIC WORK UP
- 1.6. Demonstrate an understanding and approach to PRINCIPLES OF SURGICAL MANAGEMENT of the following conditions (including but not limited to):
 - 1.6.1. Benign breast disease
 - 1.6.2. Insitu breast cancer
 - 1.6.3. Invasive breast cancer, including inflammatory breast cancer
 - 1.6.4. Hernias
 - 1.6.5. Gallbladder conditions
 - 1.6.6. Colon cancer
 - 1.6.7. Rectal cancer, including early rectal cancer
 - 1.6.8. Inflammatory bowel disease
 - 1.6.9. Anorectal disorders, including sepsis
 - 1.6.10. Gastrointestinal bleeding, including massive GI bleeding
 - 1.6.11. Benign and malignant hepatobiliary disease
 - 1.6.12. Acute / emergency general surgery
- 1.7. Demonstrate proficiency in the CONDUCT OF OPERATIVE PROCEDURES (including but not limited to):
 - 1.7.1. Laparoscopic cholecystectomy
 - 1.7.2. Inguinal hernia repair
 - 1.7.3. Ventral hernia repair
 - 1.7.4. Appendectomy
 - 1.7.5. Open and laparoscopic colon resection
 - 1.7.6. Open high rectal resection
 - 1.7.7. Resections for complicated diverticular disease
 - 1.7.8. Total mastectomy
 - 1.7.9. Partial mastectomy
 - 1.7.10. Breast biopsy
 - 1.7.11. Fine wire breast biopsy
 - 1.7.12. Sentinel lymph node biopsy
 - 1.7.13. Colonoscopy
- 1.8. Ensure adequate POSTOPERATIVE CARE and FOLLOW-UP

- 1.9. Ensure appropriate informed consent is obtained for therapies
- 1.10. Document and disseminate information related to procedures performed and their outcomes
- 1.11. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

2. Communicator

- 2.1. Effectively manages patients that cannot communicate effectively in English
- 2.2. Develop rapport, trust, and ethical therapeutic relationships with patients and families
- 2.3. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- 2.4. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- 2.5. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- 2.6. Convey effective oral and written information about a medical encounter.

3. Collaborator

- 3.1. Effectively interacts with and utilizes resources and other services in the management of patients
- 3.2. Effectively interacts with and utilizes nurses, clerical staff, family physicians, surgeons, and radiologists in the clinic.

4. Professional

- 4.1. Demonstrates strong commitment to serving the well-being of patients, and high personal standards of behaviour through:
 - 4.1.1. Complete and up to date knowledge of patients
 - 4.1.2. Adequate preparation for operative cases
 - 4.1.3. Punctuality and timely response
 - 4.1.4. Acceptance of responsibility for comprehensive patient care, handover and follow-up
 - 4.1.5. Appropriate interpersonal interactions
 - 4.1.6. Maintenance of patient and colleague confidentiality
 - 4.1.7. Recognition and response to the unprofessional behaviours of others
 - 4.1.8. Active and thoughtful participation in morbidity and mortality reviews and other quality improvement initiatives.

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	RPC	August 2017	Reviewed
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