



McGill University
Obstetrics and Gynecology Residency Program
Goals and Objectives

General Surgery Rotation

NOTE: These objectives are being revised.

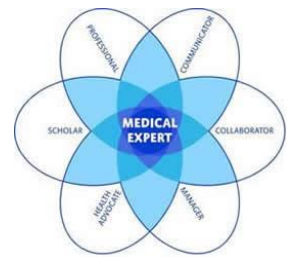
Orientation

The General Surgery rotation will be comprised of 4 weeks at the following teaching site:

➤ **McGill University Health Centre's Royal Victoria Hospital (RVH)**

Specific Objectives and CanMEDS competencies

The role of **medical expert** is central to the function of the obstetrician-gynaecologist, and draws on the competencies for the roles of **scholar, communicator, health advocate, manager, collaborator, and professional**.



RCPSC 2010:

2.1.26. **Preoperative and Postoperative Care (p9)**

- 2.1.26.1. Principles and appropriate use of nutritional support
- 2.1.26.2. Principles of normal and impaired wound healing
- 2.1.26.3. Basic surgical principles including wound closure
- 2.1.26.4. Principles and appropriate management of postoperative pain and nausea
- 2.1.26.5. Management of postoperative medical and surgical complications, including indications for consultation with other specialties and/or the use of invasive hemodynamic monitoring and ventilatory support

1. Medical Expert

a. KNOWLEDGE of the Medical Expert

Learn appropriate use of pre-operative routines required for a variety of procedures, ie, bowel repairs, VTE prophylaxis, antibiotics

Learn the appropriate use of pre-operative or ward consults of other services

Learn to recognize the acuity of illness of patients in the ER and be able to determine the need for emergent OR

Become familiar with the diagnosis and management of common general surgery presenting problems, ie, colic/cholecystitis, appendicitis. Gynaecologists must know how to diagnose these conditions as well.

b. SKILLS of the Medical Expert

Be able to manage the surgical ward, with respect to:

- Post-operative care including wound care
- Management of complications, chest pains, SOB, fever

Surgical skill development (Note: It is expected that the resident will be in the OR 1-2 days per week or 25% of time):

- Focus on opening and closing in abdominal laparotomies
- Learn to prep and drape appropriately
- Improve suturing skills
- Placement of chest tubes
- Surgical miscellaneous - learning instruments and basic skills
- Learn how to assist in general surgery

Exposure to trauma (site dependent). Develop an approach when exposed to trauma patients; participate in the initial management of patient care while in the ER. This includes resuscitation.

2. Communicator

3. Collaborator

4. Manager

5. Health Advocate

6. Scholar

7. Professional

Evaluation

- Residents are responsible for organizing their face-to-face evaluations midway and at end of rotation. Evaluations will be done by the Residency Training committee using the MRESone45 on-line system.
- **Log** - ObGyn residents are expected to complete their log book daily during their rotation. Logs should be turned into the Teaching Office MUHC-RVH F4.46 at the end of their rotation.

Recommended text:

Speak to surgical staff for more information concerning reference texts