



## ACUTE CARE SERVICES – JGH & MUHC-MGH & RVH Sites

### Objectives of Training

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#### **Preamble**

The Acute Care Surgery Service is staffed by general surgeons with different areas of expertise on both sites and the educational objectives are common to both the Montreal General Hospital and Jewish General Hospital.

#### **JUNIOR OBJECTIVES**

##### **Medical Expert**

##### **Clinical/Knowledge Base**

In addition to knowledge of the relevant anatomy and physiology, the junior surgical resident is expected to be competent in the “Initial Management” of each of the following presentations.

Initial Management includes;

- Implement the initial resuscitation
- Obtain a relevant History
- Perform a physical Examination
- Order and interpret relevant laboratory investigations
- Order and interpret (with help) relevant radiological investigations
- Arrive at a differential diagnosis
- Suggest an appropriate treatment plan
- Pre-operative preparation

The primary responsibility of the junior residents is the management of the inpatients and assessment of new consults. In addition the junior resident on ACS is expected to:

- Be first call for inpatient and new consult pages.
- Triage and delegate consults based on appropriate skill sets
- Write notes on morning rounds and participate in management plans
- Follow-up on all blood tests and imaging for patients during the day (i.e. know the results for the patients in a timely fashion and act upon abnormal tests) • Dictate discharge summaries within 48 hours of discharge

At the PGY2 level, the resident becomes a manager of the more junior people on the team and role model/mentor for them.



## PRESENTATIONS

- Complicated peptic ulcer disease
  - Bleeding
  - Perforation
- Complicated biliary tract disease
  - Cholecystitis
  - Cholangitis
  - Gallstone pancreatitis
- Small Bowel Obstruction
- Large Bowel Obstruction
- Appendicitis
- Acute Diverticulitis
- Acute presentation peri-anal disease
  - Abscess
  - Fissure
  - Thrombosed hemorrhoids
- Soft Tissue Infections
- Gastro-intestinal Bleed
  - Upper GI Bleed
  - Lower GI Bleed
- Common acute presentations of GI malignancy
  - Bleeding
  - Perforation
  - Obstruction
  - Jaundice

## Technical Skills

*Perform independently (I)*

*Function as an assistant (A)*

- Access of peritoneal cavity (open and laparoscopic)
- (I) Abdominal closure (I)
- Laparoscopic appendectomy for early uncomplicated appendicitis (I)
- Laparoscopic cholecystectomy for biliary colic or early cholecystitis
- (I) Laparotomy for bowel obstruction (A)
- Laparotomy for perforated diverticulitis (A)
- Groin exploration for incarcerated hernia (A)



### **SENIOR OBJECTIVES**

The primary role of the senior ACS resident is to develop and implement management plans for the patients. In addition the senior surgical resident on ACS is expected to:

- Be in the operating room for all cases during the day.
- Dictate operative notes
- Distribute discharge summary dictations in a fair manner amongst junior residents and medical students
- Personally examine patients for all new consultations
- Review management and discharge plans with the junior residents and medical students
- Run morning rounds and provide bedside teaching to junior residents and medical students
- Review management plans with the staff surgeon
- Act as supervised primary surgeon or first assist with the staff surgeon
- Assign topics for teaching to each member of the team.

### **Clinical/Knowledge base**

The senior resident is expected to be fully competent in the “Definitive Management” of each of the following presentations

Definitive Management

- Indications for operative intervention
- Indications for treatment by interventional/percutaneous approach
- Indications for conservative treatment
- For patients undergoing an operative intervention a full understanding of the step by step operative approach
- For patients undergoing conservative treatment an ability to identify failure of conservative treatment and an ability to re-adjust the treatment plan accordingly

### **PRESENTATIONS**

- Complicated peptic ulcer disease
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  - Cholangitis
  - Gallstone pancreatitis
- Small Bowel Obstruction
  - Large Bowel Obstruction



- Appendicitis
  - Diverticulitis
- Acute presentation peri-anal disease
  - Abscess
  - Fissure
  - Thrombosed hemorrhoids
- Soft Tissue Infections
- Gastro-intestinal Bleed
  - Upper GI Bleed
  - Lower GI Bleed
- Common acute presentations of GI malignancy
  - Bleeding
  - Perforation
  - Obstruction
  - Jaundice

### Technical Skills

Perform independently or with minimal guidance (I)

- Laparotomy for perforated or bleeding peptic ulcer (I)
- Laparotomy for small bowel obstruction (I)
- Laparotomy for perforated diverticulitis (I)
- Laparotomy for obstructing/bleeding/perforated colon cancer (I)
- Repair of incarcerated groin hernia (I)
- Laparoscopic cholecystectomy for acute cholecystitis (I)
- Open cholecystectomy for acute cholecystitis requiring conversion (I)
- Laparoscopic appendectomy for complicated appendicitis (I)

### Communicator

1. Demonstrate effective communication with patients and families characterized by understanding, trust, respect, empathy and confidentiality;
2. Gather information not only about disease but the patient's belief, concerns and expectations about his/her illness;
3. Be aware of the influential factors such as age, gender, ethnic, cultural and socio economic background and spiritual values that may affect the illness;
4. Ensures that consistent messages are delivered to the patient and the family by various members of the health care team;
5. Establish good relationship with peers and other health professionals
6. Effectively provide and receive information
7. Prepares documents, summaries, operative reports that are accurate and timely
8. Demonstrates the ability to handle conflict situations



**Collaborator**

1. Demonstrate effective interaction with health professionals recognizing their roles within the care of the patient
2. Demonstrate effective interaction with the ACS nurse
3. Consult effectively with other physicians and health care professionals;
4. Contribute effectively to the inter-disciplinary team activity and meetings;
5. Develop care plan for the patient including investigation, treatment, and continued care in collaboration with other member of inter-disciplinary team.

**Manager**

1. Understand the concept of resource utilization and the need for prioritization of health care delivery.
2. Allocate such resources wisely.
3. Utilize various technologies such as OACIS and PACS systems to optimize patient care and using such information to assist in decision-making
4. Demonstrate effective leadership with appropriate delegation of responsibilities to other members of the house staff.
5. Plan for the weekly service rounds with the assignment of responsibility for presentation of subject matter and cases.
6. Select cases for the weekly morbidity and mortality rounds with specific emphasis on identification of systemic issues.

**Health Advocate**

1. Understand the specialist role to intervene on behalf of patients on issues that may impact on their health
2. Identify the important determinants of health affecting the patient;
3. Utilize such information in the prioritization of cases for urgent, emergent or elective access to the operating room;
4. Understand the social demographic issues which affect patient hospital stay and evaluate the patient's ability to access various support services within the health and social systems;
5. Understand the issues related to disease prevention and identification of risk factors which may be modified through lifestyle change.



### **Scholar**

1. Commitment as a specialist to engage in lifelong learning in the pursuit of mastery;
2. Recognize and identify gaps in one's own knowledge and develop a personal learning project to correct such deficiency;
3. Participate actively in the CAGS evidence based Journal Club;
4. Critically appraise medical information and successfully integrate this information into the discussion at M&M rounds, Grand rounds and service rounds
5. Utilize an evidence-based approach to the resolution of clinical problems.

### **Professional**

1. Recognize the responsibility for the overall care of the surgical patient;
2. Deliver the highest quality of care with integrity, understanding and compassion. Practice of surgery must be ethically consistent;
3. Have knowledge of and understanding of the professional legal and ethical codes to which surgeons are bound;
4. Develop ability to recognize, analyze and deal with unprofessional behaviors in clinical practice through knowledge of local and provincial regulations;
5. Demonstrate appropriate personal and inter-personal behavior.

