



The ambulatory care surgery rotation provides dedicated ambulatory experience and exposure to common outpatient problems. It is currently offered as a mandatory three month block to senior residents and as electives available to all residents in-training. While on all general surgery rotations, there is a minimum attendance at corresponding outpatient clinics. Please refer to the ambulatory care objectives for juniors and seniors as the objectives outlined below are the same.

MEDICAL EXPERT

CLINICAL/KNOWLEDGE BASE

General surgery residents (juniors and seniors) must acquire and demonstrate competency in the management of day care and out-patients in an ambulatory setting. Through outpatient clinic and operative experience the junior resident is expected to develop knowledge in the following:

1. Know the relevant anatomy, pathophysiology and clinical manifestations of gall bladder disease, benign breast disease, benign and malignant thyroid disease, ano-rectal diseases, hernias of all types and minor surgical diseases including pilonidal disease, ganglions, sebaceous cysts and lipomas.
2. Understand the indications, contra-indications, advantages and disadvantages of day care surgery.
3. Understand the indications, contra-indications, advantages and disadvantages of open and laparoscopic day care and out-patient surgery.
4. Know how to plan the discharge care and anticipate the common complications of day care and out-patient surgery.
5. Understand the reduced morbidity and mortality of day care surgery independent of disease severity.

TECHNICAL SKILLS

Depending on the complexity of the procedure the senior must be able to function either as a first assistant or independent surgeon.

Perform independently (I)

Function as an assistant (A)

- Basic techniques in open surgery (I)
 - Incision, Exposing, Identifying fascial plains, clamping and ligating vessels, tissue handling, and instrument handling
 - one or two handed knot tying
 - safe use of electro-cautery
- Common approaches in minor surgery (I)
 - Abscesses, Fistula, Hemorrhoids, Lumps, Cysts and Skin
- Thyroid surgery (A)



Objectives of Training

- Breast Surgery for benign disease (I)
- Cholecystectomy (A)
- Hernia surgery (I)
 - Umbilical, inguinal, femoral, incisional
- Anorectal surgery (I)
 - Abscess, fistula, hemorrhoids,
- Pilonidal surgery (I)
- Endoscopy (I)
 - EGD and Colonoscopy

Breast Clinics

- understanding of routine breast care/ well woman, breast/ regional examination, purpose and nature of routine screening
- recognition of “high-risk” patients and knowledge of their management
- full understanding of the range of breast investigations including ultrasound, mammography, image-directed core needle biopsy, some understanding of breast MRI
- understanding of indications for image-directed core needle biopsy and management of findings including atypical ductal hyperplasia, lobular neoplasia, intra-ductal carcinoma, invasive carcinoma
- benign breast disease (BBD): recognition and management of common palpable diseases like breast cysts, fibroadenomas, “fibrocystic disease”; a basic knowledge of types of premalignant forms of BBD/ understanding of their degrees of risks/ understanding of the significance of terms “proliferative” and “atypia” in this context
- non-invasive breast cancer: understanding of the pathology of intra-ductal cancer (DCIS), recognition of the presentation of DCIS, assessment of the extent of DCIS and knowledge of its treatment; awareness of lobular carcinoma in-situ and knowledge of the significance of its diagnosis
- invasive breast cancer (IBC): understanding of epidemiology and risk factors for IBC, awareness of invasive ductal cancer (IDC) and invasive lobular cancer (ICC) and their presentations in the screen-detected and clinically evident settings, knowledge of the staging and treatment options for IBC including the commonly performed operative procedures, recognition and understanding of management of locally advanced breast cancer (LABC) and inflammatory breast cancer
- resident must understand the indications for needle-localized lumpectomy for investigative purposes, principally situations of concern about the adequacy of decision-making based on image-directed core needle biopsy



Objectives of Training

- resident must have a clear understanding of the roles of chemotherapy and endocrine therapy and radiation therapy in the management of breast cancer, and must develop an approach to consideration of neoadjuvant systemic therapy in non-inflammatory LABC
- resident must be able to identify and diagnose inflammatory breast cancer, and be clear on how it must be treated

Colorectal Clinic

Through clinic experience the resident must develop an approach to a patient presenting with simple and complex colorectal problems. For all colorectal problems the resident must learn to obtain a relevant history and perform a physical exam. The resident must learn to organize a strategy for appropriate investigations and then based on the results must be able to arrive at a treatment plan.

- Hemorrhoids
- Anal Fissure
- Anorectal abscess
- Anorectal fistulas
- *Colonic polyps
- Colon cancer
- Rectal cancer
- Ulcerative colitis
- Crohn's
- Diverticular disease

Professional

- deliver highest quality care with integrity, honesty and compassion
- exhibit appropriate personal and interpersonal professional behaviours
- practice medicine ethically consistent with obligations of a physician

Communicator

- establish therapeutic relationship with patients/families
- obtain and synthesize relevant history from patients/families/communities
- listen effectively
- discuss appropriate information with patients/families and the health care team

Collaborator

- consult effectively with other physicians and health care professionals
- contribute effectively to other interdisciplinary team activities



Objectives of Training

Manager

- utilize resources effectively to balance patient care, learning needs, and outside activities, with particular emphasis on day-care surgery
- allocate finite health care resources wisely
- work effectively and efficiently in a health care organization
- utilize information technology to optimize patient care, life-long learning and other activities

Health Advocate

- identify the important determinants of health affecting patients
- contribute effectively to improved health of patients and communities
- recognize and respond to those issues where advocacy is appropriate
- acknowledge the value of breast cancer screening, colon cancer screening
- genetic testing for familial cancer syndromes

Scholar

- develop, implement and monitor a personal continuing education strategy
- critically appraise sources of medical information
- facilitate learning of patients, housestaff/students and other health professionals
- contribute to development of new knowledge

