AIMS & OBJECTIVES

PGY I RCPSC SPECIALTY PROGRAMS

INTRODUCTION

A training program must have clear and measurable objectives. These objectives must include both cognitive and non-cognitive areas in order for appropriate evaluation to be achieved.

It is the trainee's responsibility to familiarize themselves with the objectives that follow and use them as a guide for the essential elements of each rotation.

Although not all named conditions may be seen by every trainee for every rotation, trainees should be familiar with them, and in some cases, higher levels of knowledge can be achieved than those outlined here.

EMERGENCY COMPONENT OF THE PGY I PROGRAM

I. PROGRAM OBJECTIVES

Through the high volume of attending patients the trainee has the opportunity to acquire history and physical assessment skills, the ability to develop a differential diagnosis and to formulate investigative and treatment plans under the guidance and direction of the staff emergency physician. The trainee will learn to manage **time** and co-ordinate the care of a number of patients simultaneously. Communication skills should improve by case discussions with the staff emergency physician and consulting services and speaking to concerned patients and relatives.

The trainee will be expected to participate in the provision of pre-hospital care and must be prepared to provide both basic and advanced life support in the pre-hospital environment. Radio and telephone consultation with the emergency physician on duty is readily available.

Specific Objectives for the Anatomical Pathology PGY I's

Knowledge of the appropriate procedures for certification in cases of sudden death and when to request medico-legal autopsies is expected.

Specific Objectives for Anesthesia PGY I’s

1. To recognize the indications for securing the airway in the compromised patients.
2. To become familiar with the ATLS and ACLS protocols.

II. MEDICAL EXPERT

Knowledge:

1. To know the presentation and management of common medical, surgical and traumatic emergencies.
2. To recognize the indications/contra-indications and complications of emergency invasive and non-invasive procedures.
3. To know the indications/non-indications for laboratory, imaging (CAT, MRI, nuclear, traditional) and cardiologic investigations appropriate to the emergency setting.
4. To recognize and assess the medico-social, psychological and legal aspects of acts of human violence.

Skills:

1. To perform an appropriate initial assessment of the undifferentiated patient.
2. To rapidly recognize the acutely ill/injured patient and to develop a systematic prioritized approach to assessment and concomitant stabilization and treatment.
3. To quickly formulate a working differential diagnosis, focusing initially on those serious conditions that need prompt confirmation or exclusion.
4. To acquire an in-depth expertise in resuscitative medicine, as well as a broad exposure to this generalist's specialty.

5. To acquire skills in emergency invasive and non-invasive procedures.

COMMUNICATOR

1. To demonstrate the ability to establish a therapeutic relationship with patients and their families.
2. To demonstrate the ability to take an effectively focused history.
3. To demonstrate the ability to deliver/receive information to/from patients and families
4. To demonstrate the ability to deliver information to colleagues and members of the health care team.

COLLABORATOR

1. To know and respect the appropriate roles and skills of members of the health care team.
2. To demonstrate the ability to work effectively within the health care team.
3. To contribute effectively to interdisciplinary team activities.

HEALTH ADVOCATE

1. To identify important determinants of health as it affects a particular patient.
2. To recognize and describe important health determinants for the population utilizing emergency services.
3. To promptly formulate and establish assessment/therapeutic endpoints with appropriate referral/disposition.

MANAGER

1. To develop the ability to manage several patients simultaneously.
2. To develop triage skills appropriate to the management of as yet undifferentiated patients, and to develop the ability to prioritize the care to be administered to such patients.
3. To utilize investigative/laboratory resources efficiently.

PROFESSIONAL

1. To develop good habits of charting, with concise recording of pertinent negative and positive findings.
2. To exhibit appropriate personal and interpersonal professional behaviours.
3. To develop a greater appreciation of issues of consent, minors and adults, confidentiality and the roles of outside agencies (police, media, social services, public health) in the emergency setting.
4. To demonstrate an understanding of and compliance with mandatory reporting laws.

SCHOLAR

1. To demonstrate an ability to recognize learning needs.
2. To critically appraise sources of medical information.
3. To actively participate in learning opportunities.

4. To facilitate learning of patients, other housestaff/students and other health professionals.

III. METHOD OF EVALUATION

1. The method of evaluation will come from the clinical case presentations and discussions with the Staff Emergency Physician on a day-to-day basis.
2. Charting - Charts are audited daily and evaluated by the staff emergency physicians.
3. Quality of care rendered to the patients.
4. Nurses'/other Health Professionals' critique - Because of the interaction of allied professionals with the trainee and their vast experience, they often have very valuable impressions of the trainees.
5. Patient's input - We often have comments from the patients or their relatives regarding treatment and attitudes or behaviour of the housestaff.

IV. ORIENTATION

Before starting in the Emergency Department, housestaff must receive orientation from a staff emergency physician. An orientation meeting takes place in the Emergency Department at 0800 hours on the day that each rotation commences. The intent of these orientations is to familiarize the housestaff with the structure and function of the Emergency Department as well as the ambulance service. It is during this session that the trainees are given the opportunity of having hands-on experience with the Life-Pak 5 (monitor defibrillator), MAST Trousers, as well as the slit lamp, etc.

INTERNAL MEDICINE COMPONENT OF THE PGY I PROGRAM

I. INTRODUCTION

Undergraduate teaching and training do not, by themselves, prepare the student adequately for independent medical practice. There is a need to continue the teaching and training in internal medicine from the clerkship program into the PGY I program. During the PGY I year, clinical experience should be offered on a broader and more advanced level than the one gained during clerkship.

II. PROGRAM OBJECTIVES

The overall objective of training and teaching is to equip the trainee with the knowledge, skills and attitudes of internal medicine that would be of help to the non-internist. The program will aim to achieve the following:

1. To expand and consolidate the knowledge and clinical skills and abilities gained during clinical clerkship.
2. To provide clinical experience in:
   - i. ambulatory care,
   - ii. emergency care,
   - iii. in-hospital and continuing care.
3. To provide trainees with sufficient knowledge and skills to be confident in the detection and management, at a primary care level, of the most frequent forms of illness encountered in internal medicine. They should also provide the knowledge that would enable appropriate specialist consultation.

Specific Objectives for the Anatomical Pathology PGY I's

1. Attendance at autopsies of patients from the service is expected.
2. The clinical significance of both histopathology and other laboratory reports should be emphasized.

Specific Objectives for Anesthesia PGY I's

1. To recognize how to optimize medically compromised patients prior to surgery.
2. To understand how medical conditions can exacerbate and impact the delivery of anesthesia.

III. MEDICAL EXPERT

Knowledge:

1. To demonstrate knowledge of the common symptom complexes, acute illnesses and medical emergencies as they present in various settings (ambulatory care setting, hospital). Including but not limited to:
   - i. myocardial infarction
   - ii. angina
   - iii. congestive heart failure
   - iv. bronchial asthma, exacerbation of chronic obstructive lung disease
   - v. cardiac arrhythmias and cardiac arrest
   - vi. cerebrovascular accidents

vii. drug overdose and poisoning
viii. DVT/pulmonary embolism
ix. gastro-intestinal bleeding/peptic ulcer disease
x. diabetes/hypoglycemia
xi. hypertension
xii. common infections such as pneumonia, cystitis and pyonephritis
xiii. altered level of consciousness
xiv. acid base, fluid and electrolyte balance
xv. anemias
xvi. jaundice
xvii. obesity
xviii. seizure disorders
xix. degenerative and rheumatoid arthritis
xx. Parkinson's disease
xxi. tuberculosis
xxii. bleeding disorders
xxiii. sexually transmitted diseases
xxiv. myxedema and thyrotoxicosis
xxv. peripheral vascular disease
xxvi. gout
xxvii. dementia
xxviii. acute and chronic renal failure
xxix. aging and its influence on presentation, diagnosis and management
xxx. headache
xxxi. common peripheral nerve disorders

2. To demonstrate the ability to recognize the principles of management and recognition of other medical problems including various leukemias, lymphoma, multiple myeloma, AIDS and various carcinomas.

3. To demonstrate knowledge of the indications/contraindications for laboratory, imaging and other investigations.

4. To demonstrate knowledge of the side effects of treatment including drug toxicities.

5. To demonstrate knowledge of the resuscitation and management of the critically ill patient.

Skills:

1. To perform an appropriate history and physical examination, recognizing significant positive and negative physical signs.

2. To formulate a differential diagnosis and a treatment plan.

3. To perform the following
   i. insertion and management of intravenous lines.
   ii. an arterial blood gas.
   iii. an electrocardiogram.
   iv. bladder catheterization.
   v. a bone marrow aspiration and biopsy.

4. To demonstrate an understanding of the principles of management medical problems including various leukemias, lymphoma, multiple myeloma, AIDS and various carcinomas.

COMMUNICATOR

1. To demonstrate the ability to establish a therapeutic relationship with patients and their families.
2. To demonstrate the ability to perform an effectively focused history.
3. To demonstrate the ability to effectively deliver/receive information back to/from patients and families.
4. To demonstrate the ability to effectively deliver/receive information to/from colleagues and members of the health care team.
5. To complete written documentation clearly and effectively in a timely manner.

COLLABORATOR

1. To know and respect the appropriate roles and skills of member of the health care team.
2. To demonstrate the ability to work effectively within the health care team.
3. To be conscious of the needs of others including fellow staff members and patients.
4. To contribute effectively to interdisciplinary team activities.

HEALTH ADVOCATE

1. To demonstrate knowledge of home and community support services for the chronically ill.
2. To identify important determinants of health as they affect particular patients.
3. To promptly formulate and establish assessment/therapeutic endpoints.

MANAGER

1. To understand the impact of the cost of treatment.
2. To demonstrate an understanding of the indications for and the effects of admitting a patient to hospital.
3. To be attentive to preventative measures.

PROFESSIONAL

1. To recognize and deal with one's own anxieties, limitations and personal prejudices.
2. To demonstrate a sense of responsibility.
3. To demonstrate accurate self-assessment skills (e.g. insight).

SCHOLAR

1. To demonstrate an ability to recognize learning needs.
2. To critically appraise sources of medical information.
3. To actively participate in learning opportunities.
4. To facilitate learning of patients, other housestaff/students and other health professionals.

IV. CLINICAL TEACHING UNIT EXPERIENCE

The Health Sciences Centre and St. Clare's Mercy Hospital provide general medicine and subspecialty clinical teaching experience.

In the General Hospital, Health Sciences Centre, there are four general medical services and two subspecialty services, cardiology and neurology. Each general medical service is comprised most often of attending physicians, one resident, one PGY I trainee and one clerk. Residents undergoing specialty experience, elective trainees and elective clerks may also be attached to the units. All units except cardiology and neurology admit general medical patients from Emergency and as electives on a rotating basis. However, each unit also has certain subspecialty interests. The attending physicians on Clinical Training Unit I are nephrologists.

The attending physicians on CTU II include endocrinologists, infectious disease specialist, a general internist. The attending physicians on CTU III include hematologists, a general internist and oncologists. The attending physicians on CTU IV include gastroenterologists and respirologists. Most of these physicians also practice internal medicine.

At St. Clare's Mercy Hospital, there are four general medical units. Again these units include attending physicians who are general internists and subspecialists. A subspecialty clinical unit in rheumatology is also available for elective rotations.

Ambulatory care is a compulsory part of each rotation at the Health Sciences Centre. This experience is also available through some clinics at St. Clare's Mercy Hospital.

Each affiliated hospital provides weekly teaching conferences. At the Health Sciences Centre there are subspecialty rounds three times per week, weekly medical grand rounds and semi-monthly medical pathology conferences. A basic science lecture series is integrated into the round format. St. Clare's Mercy Hospital provides medical grand rounds, clinical pathological conferences and a weekly teaching session, as well as a subspecialty round in rheumatology.

The trainee is expected to be involved in the presentation of his/her patients' case histories at the various formal rounds.

III. ORIENTATION

PGY I trainees receive an orientation as a group at the beginning of the year and as each trainee joins a clinical teaching unit a further orientation is provided by PGY coordinator or administrative resident(s) in internal medicine, the resident and/or attending staff provide individual orientation to the service and to the hospital as is appropriate. A written orientation that includes responsibilities within the medical care team of the unit is provided to the trainee at the beginning of a rotation.

On each clinical teaching unit the trainee is responsible for the clinical evaluation of new admissions (emergency or elective) assigned by the resident or attending physician and, from this information, to analyze the medical and psycho-social problems in order to develop an appropriate investigational and therapeutic approach. The trainee is also responsible for the continuing care of any patient assigned to him/her. These activities take place under the supervision of the medical resident and/or attending physician. Trainees are responsible for undertaking medical investigational procedures on their patients under the supervision and at the discretion of the resident and/or attending physician. The trainee should assess as many emergency patients' admissions in the Emergency Room as possible.

IV. EVALUATION

This is an ongoing process during the rotation. The trainee is provided with verbal feedback during the rotation by the resident and attending physician through case review and service teaching rounds. At the end of each four-week period, via One45 the trainee is provided with an in-training evaluation report from the attending physician(s) on the clinical teaching unit. The trainee is required to confirm this evaluation, and is provided with a section to offer feedback.

Because the period of training on any clinical teaching unit is so short, an attempt is made to quickly identify trainees with specific problems in order that these may be rectified. It is also hoped that, if any trainee recognizes that he or she faces problems that in any way jeopardize the learning experience provided on a specific clinical teaching unit, these problems will be brought to the immediate attention of the PGY I co-ordinator so that appropriate action may be taken.

OBSTETRICS & GYNECOLOGY COMPONENT
OF THE PGY I PROGRAM

I. INTRODUCTION

The PGY I trainee will spend two months on a combined obstetrics and gynecology rotation. The rotation has been designed to provide a learning experience as well as a portion of service commitment to the trainee. The trainee is assigned to a team consisting of several attending staff physicians, a resident, a PGY I trainee and a clinical clerk. The team provides experience and responsibility in patient care in ambulatory clinics, inpatient obstetrics and gynecology, operating room and labour/delivery.

II. PROGRAM OBJECTIVES

1. To develop awareness and insight into general obstetrical and gynecological problems encountered, thus developing professional responsibility and expertise to assume the responsibilities of obstetric and gynecological care in general practice.

2. To provide the trainee with the necessary insight and skill to recognize abnormalities and his/her limitations in dealing with these abnormalities and the knowledge to decide when a referral for a specialist consultation is in the patient's best interest.

3. To develop specific skills in the area of obstetrics and gynecology and to be able to undertake antenatal, intrapartum and postpartum care.

4. To develop awareness of the special relation and ethical responsibilities which exist between a physician and patient in obstetrics and gynecology, with specific regard to birth control and the changing role of women in modern society.

<u>Specific Objectives for Obstetrics and Gynecology PGY1s</u>

In Addition to all those listed below it is expected at the end of the rotation you will be able

1. To conduct a normal delivery and repair an uncomplicated episiotomy or tear and manage the third stage of labour.

2. To asses the progress of labour and recognize deviations from normal.
2. To demonstrate an understanding of the indications for use of fetal monitors and recognize basic abnormal patterns.

3. To demonstrate a current knowledge of indications for and side effects of analgesics and anesthetics in labour and delivery.

<u>Specific Objectives for the Anatomical Pathology PGY I's</u>

1. Attendance at autopsies of stillbirths/late abortions which occur in the service is expected.
2. Follow-up of specimens taken in the Colposcopy Clinic with review of the histological/cytological specimens is expected.

Specific Objectives for Psychiatry PGY I's

1. Familiarity with the teratogenic potential of the various psychotropic medications is expected.
2. Recognize risk factors for postpartum depression and grieving from infertility and miscarriage.

Specific Objectives for Anesthesia PGY I's

1. To demonstrate a current knowledge of indications for and side effects of analgesics or anesthetics in labour and delivery.
2. To identify themselves to anesthesia staff.
3. To observe the preparation of epidurals in both labouring patients and those undergoing a caesarean section.
4. To learn to contraindications for regional anesthesia in parturient.
5. To participate in the birthing process and delivery of the newborn.

III. MEDICAL EXPERT

Knowledge:

Obstetrics

1. To demonstrate knowledge of the normal progress of pregnancy, specifically antenatal testing (MSS, amnio etc.) and delivery and the common abnormalities found in a general practice.
2. To understand the normal course of labour.
3. To demonstrate knowledge of the effects of common medical problems on pregnancy and delivery, and recognize when pre-conceptual counselling for a pre-existing medical problem is warranted.
4. To be aware of the special needs of both the mother and the infant during labour and the immediate postpartum period - including potentially life threatening conditions i.e. postpartum hemorhage, gestational hypertension and venous thromboembolic disease.

Gynecology

1. To demonstrate an understanding of common gynecological conditions and of the appropriate treatments.
2. To recognize the less common gynecological conditions and to know the indications for referral to a specialist i.e pelvic inflammatory disease, abnormal Pap smear, pelvic pain and ovarian cysts.
3. To demonstrate knowledge of infertility investigation.

Skills:

Obstetrics

1. To undertake to provide good prenatal care and assessment for patients.
2. To demonstrate the ability to recognize abnormalities and assess risk factors that arises anytime in the prenatal period.
3. To demonstrate the ability to recognize the indications for a referral or consultation at the earliest possible time.
4. To conduct a normal labour and vaginal delivery including third stage.
5. To assess progress of labour and recognize deviations from normal at the earliest possible time.
6. To perform episiotomy and repair, if indicated.
7. To act effectively in the case of hemorrhage.
8. To manage routine postpartum care.
9. To perform an adequate post partum examination.
10. To recognize the particular emotional needs of the mother and family in the postnatal and subsequent period.
11. To advise on subsequent family planning.

Gynecology

1. To perform an adequate pelvic examination, including Pap smear and cultures
2. To initiate appropriate infertility investigations.

COMMUNICATOR

1. To demonstrate the ability to establish a therapeutic relationship with patients and their families.
2. To demonstrate the ability to perform an effectively focused history.
3. To demonstrate the ability to effectively deliver information back to patients and families
4. To demonstrate the ability to deliver information to colleagues and members of the health care team.
5. To demonstrate skills in reproductive and fertility counselling including:
    1. counselling patients with specific medical problems with regard to their outcome in pregnancy and optimizing their status prior to conception.
    2. counselling a pregnant patient in matters of family involvement, nutrition activity and medication throughout the pregnancy.
    3. counselling for sterilization.
    4. counselling with regard to continuation or termination of pregnancy.
6. To complete written documentation clearly and effectively in a timely manner.

COLLABORATOR

1. To know and respect the appropriate roles and skills of members of the health care team.
2. To demonstrate the ability to work effectively within the health care team.
3. To be conscious of the needs of others including fellow staff members and patients.
4. To contribute effectively to interdisciplinary team activities.

HEALTH ADVOCATE

1. To obtain consultation in an appropriate and timely way.
2. To understand the health advantages of and advise on infant nutrition - breastfeeding or other methods.
3. To identify important determinants of health as they affect particular patients.
4. To promptly formulate and establish assessment/therapeutic endpoints.

MANAGER

1. To understand the impact of the cost of treatment.
2. To demonstrate an understanding of the indications for and the effects of admitting a patient to hospital.
3. To be attentive to preventative measures.

PROFESSIONAL

1. To recognize and deal with one's own anxieties, limitations and personal prejudices.
2. To demonstrate a sense of responsibility.
3. To demonstrate accurate self-assessment skills (e.g. insight).

SCHOLAR

1. To demonstrate an ability to recognize learning needs.
2. To critically appraise sources of medical information.
3. To actively participate in learning opportunities.
4. To facilitate learning of patients, other housestaff/students and others.

IV. SERVICE OBJECTIVES

Attempts are made to ensure equitable division of labour with regard to the service commitment. It must be recognized, however, that the majority of teaching is through the experience gained in management of patients and in bedside discussions, and thus the service component is an integral part of learning in obstetrics and gynecology. Indeed, obstetrics and gynecology being essentially practical subjects, it is not possible to over-emphasize the importance of the service element of this rotation in terms of learning. However, it is hoped that the service commitment will be undertaken in the overall perspective of team work.

PLAN FOR ACHIEVING EDUCATIONAL OBJECTIVES

Patient Management - The trainee will be a member of a team comprised of a staff member, resident and clinical clerk who are responsible for the day-to-day management of the patients on the service. In order to gain experience, it will be necessary to take part in the management plan of the patients and to execute the plan devised by the team as far as possible and to make use of bedside teaching and work rounds. Because of the nature of the specialty, ward rounds cannot be carried out at the same time on a daily basis.

Practical Obstetrics and Gynecology - It is important that the trainee expand his/her experience beyond the routine workload and to this end he/she should be aware, as far as possible, of practical problems and associated medical conditions which are being managed within the unit, although these may not be on the team to which he/she is assigned. Trainees will be expected to familiarize themselves with any unusual cases on the service in order to augment their experience. They will be expected to participate in the care of patients antenatally and postpartum. Intrapartum care of patients is dependant on specialty and we encourage trainees to participate however it is not mandatory to perform an obligate number of deliveries. We do expect trainees to be familiar with the progress of labour and delivery, that in event of a emergent or precipitous vaginal delivery they could safely perform it. They should also become aware of fetal monitoring techniques, and be able to determine abnormal versus normal fetal tracing, as pertains to transport of a patient form the periphery or for the antenatal floor, especially in the high-risk patient, both prior to and during labour. Pelvic examinations are to be carried out with the guidance of the resident on duty or the staff person; this applies particularly in the case room. In the case of gynecology patients, pelvic examinations are done, where practical, following the admission history and physical under the guidance of the resident. Trainees are encouraged to come to the operating room, with the guidance of the staff person, where more adequate pelvic examinations may be carried out, under general anesthetic. . Trainees are expected to be present in the OR for all cases they have admitted or which are on their service.

Outpatient Experience - Outpatient clinics in obstetrics and gynecology are held five days a week at the Women's Health Centre. The trainee is expected to attend these outpatient clinics to obtain further knowledge and experience in the management of antenatal, postnatal and gynecological outpatients such as one would find in general practice. He/she is also expected to attend calls to the Emergency Department with the resident and participate in the diagnosis and management of these cases, which may be treated on an outpatient basis or admitted to the hospital as the situation warrants.

Didactic Teaching - At the Women's Health Centre, there are grand rounds and high risk rounds each week, and the trainee is expected to attend these sessions. There are also weekly rounds in neonatology, pathology and radiology which are oriented to the trainees on the obstetrical and gynecological service.

EVALUATION

Trainees will be evaluated using the standard evaluation (ITER) on One45. The evaluation is a team effort which is performed at the regular meeting of the medical staff in the Department of Obstetrics and Gynecology.

OBSTETRICS & GYNECOLOGY – Women's Health Centre, Janeway Site

The staff obstetricians and gynecologists in this division are:

Dr. E. Bartellas
Dr. J. Dunne
Drs. C. Popadiuk/L. Dawson/P. Power (Gyn Oncology)
Drs. T. Delaney/J. Crane (MFM)
Drs. A. Gill/T. Strand (Urogynecology)
Dr. E. Howse
Dr. H. Kravitz
Dr. F.N. Kum
Drs. T. O'Grady/S. Healey (Reproductive Endocrinology)
Dr. C. Pike
Dr. P. Roche
Dr. D. A. Tennent

V. SUMMARY

The obstetrical and gynecological program for PGY I trainees is reviewed. The objectives of their program are defined. It is hoped that the trainees will take advantage of the wealth of material available both on the inpatient service and in the outpatient clinics and Emergency Department, to gain experience and develop expertise in the normal physiology and endocrinology of obstetrics and gynecology and become experienced in the management of these problems, as well as the problems of reproduction control and the development of the particular insight required to practise in this discipline.

PEDIATRIC COMPONENT OF THE PGY I PROGRAM

I. INTRODUCTION

The PGY I trainee's experience in pediatrics will include instruction in the assessment and care of hospitalized patients from birth through adolescence and the assessment and management of ambulatory patients of the same age.

II. PROGRAM OBJECTIVES

The overall objective is to enable you to acquire the ability to assess and assist the well and the sick child as an individual and within the family, to understand the responses of the child and family to these situations and to efficiently and appropriately access the resources available. Please note, via One 45, it is the responsibility of the trainee to ensure completion of the evaluation (ITER) by the appropriate pediatrician, to confirm the evaluation, and to submit a rotation evaluation at the end of each rotation block.

Specific Objectives for the Anatomical Pathology PGY I's

Attendance at any pediatric autopsies which occur during this rotation is expected.

Specific Objectives for Anesthesia PGY I's

1. To identify those patients being prepared for the OR and recognize the different needs of the pediatric population regarding surgery.
2. To be able to address and understand the anxieties patients and their family members experience preoperatively.

III. MEDICAL EXPERT

Knowledge:

1. To demonstrate knowledge of signs and symptoms related to common pediatric disorders, including emergencies, developmental, psychiatric and behavioural disorders.
2. To demonstrate recognition of less common pediatric disorders.
3. To demonstrate knowledge of treatment and management of common pediatric disorders.
4. To demonstrate knowledge of normal development and recognition of abnormal development.
5. To demonstrate and understanding of the indications and contraindications of investigation and procedures.

Skills:

1. To demonstrate the ability to complete a focused history and physical examination.
2. To formulate and carry out an effective treatment plan for common pediatric disorders.
3. To demonstrate resuscitative skills.

4. To demonstrate effective use of investigations.

COMMUNICATOR

1. To demonstrate the ability to establish a therapeutic relationship with patients and their families.
2. To demonstrate the ability to perform an effectively focused history.
3. To demonstrate the ability to effectively deliver information back to patients and families.
4. To demonstrate the ability to deliver information to colleagues and members of the health care team.
5. To complete written documentation clearly and effectively in a timely manner.

COLLABORATOR

1. To know and respect the appropriate roles and skills of members of the health care team.
2. To demonstrate the ability to work effectively within the health care team.
3. To be conscious of the needs of others including fellow staff members and patients.
4. To contribute effectively to interdisciplinary team activities.

HEALTH ADVOCATE

1. To identify important determinants of health as they affect particular patients.
2. To promptly formulate and establish assessment/therapeutic endpoints.
3. To appreciate the impact of acute or chronic illness on child and family and provide empathetically the appropriate information and support.

MANAGER

1. To understand the impact of the cost of treatment and judiciously use available resources.
2. To demonstrate an understanding of the indications for and the effects of admitting a patient to hospital.
3. To be attentive to preventative measures.

PROFESSIONAL

1. To be recognize and deal with one's own anxieties, limitations and personal prejudices.
2. To demonstrate a sense of responsibility.
3. To demonstrate accurate self-assessment skills (e.g. insight).
4. To understand and apply ethical principles to clinical work.

SCHOLAR

1. To demonstrate an ability to recognize learning needs.
2. To critically appraise sources of medical information.
3. To actively participate in learning opportunities.
4. To facilitate learning of patients, other housestaff/students and others.

IV. RESOURCES AVAILABLE TO ASSIST THE PGY I TRAINEE IN ACHIEVING OBJECTIVES

FACILITIES

Facilities include wards, laboratories and ambulatory service at the Janeway Children's Health and Rehabilitation Centre for a total of 110 medical and surgical beds, which approximately half are medical, but this varies from time to time according to need.

In addition to this, the Emergency and Out-Patient Departments have approximately 65,000 visits during the year. Of this, about 35,000 are seen in the Emergency Department (where a period of time is spent by the PGY I trainee) and 30,000 are seen in clinics that include ENT, Orthopedics, Developmental, Neurology, Nephrology, etc.

IV. ORIENTATION

Trainees receive an orientation as a group at the beginning of the year. Then as each trainee joins the Janeway Children's Health and Rehabilitation Centre, the discipline coordinator or the physician in charge of the ambulatory service will provide orientation to the service and to the hospital as appropriate.

V. METHODS OF EVALUATION

Evaluation is an ongoing process during the rotation. The trainee is provided with verbal feedback during the rotation by the resident and attending physician through case review and session teaching rounds. At the end of each four week period the trainee will meet with the attending pediatrician and will be provided with an evaluation via One45. This interview at the end of the rotation will provide a forum for mutual feedback.

Evaluation is based on the quality of work done together with attitude factors, which include conscientiousness, dependability, acceptance of responsibility for patient care, avoidance of careless errors, sensitivity to patients' feelings and willingness to receive constructive criticism.

The trainee is asked to discuss and submit an evaluation of his/her experience within the hospital, indicating areas in which he/she feels there are deficiencies or in which the experience appears to be exceptionally useful.

The discipline coordinator and/or team leader and/or assigned pediatrician to the trainee will welcome any trainee who wishes to approach them regarding any concerns that needs to be addressed during the rotation.

PSYCHIATRY COMPONENT OF THE PGY I PROGRAM

I. INTRODUCTION

It has been our view that the undergraduate teaching and training do not, by themselves, prepare the student adequately for independent medical practice, and there is a need to continue the teaching and training in clinical psychiatry from the clerkship program into the PGY I program. During the PGY I program, clinical experience should be offered on a broader and more advanced level than the one gained during the clerkship.

II. PROGRAM OBJECTIVES

The overall objective of the training and teaching is to equip the trainee with skills, attitudes and knowledge of clinical psychiatry which are of help to non-psychiatric physicians. These include the ability to co-operate effectively with the psychiatrist and other mental health workers in the care of patients who have psychiatric disorders and who live in the community. The program will specifically aim to achieve the following:

1. To expand and consolidate the knowledge, clinical skills and abilities gained during the clinical clerkship.
2. To provide clinical experience:
   a. consultation-liaison psychiatry,
   b. ambulatory care,
   c. community care,
   d. crisis management and emergency psychiatry, and
   e. inpatient psychiatry care.
3. To increase the trainee's knowledge of and ability to deal appropriately with the intimate relationship between emotional and physical illness.
4. To provide the trainee with sufficient knowledge and skills to be competent in the detection and management at a primary care level of the most frequent forms of mental disorder, including a knowledge of:
   a. available and appropriate community adjuncts to treatment, and
   b. appropriate indications for specialist consultation.

<u>Specific Objectives for Anesthesia PGY I's</u>

1. To attend one session of elective ECT's at either HSC or Waterford sites.
2. To understand the physiological effects of ECT on psychiatric patients.

III. MEDICAL EXPERT

Knowledge:

1. To demonstrate knowledge of the signs and symptoms of major mental disorders, in particular, disorders of emotion, thinking and cognition.
2. To demonstrate understanding of the potential etiological determinants of major mental disorders, including their possible interactions.

3. To demonstrate appreciation for the psychological, familial and social factors that can influence the presentation and management of both mental and physical illnesses.

4. To demonstrate knowledge of the indications for and the risks and benefits of psychiatric care, specifically:

   i) forms of psychotherapy,
   ii) physical treatment, including the use of anxiolytics, antidepressants, ECT, and antipsychotics,
   iii) formal and informal community support systems, and
   iv) transfer, restraint, and civil commitment procedures.

Skills:

1. To demonstrate the ability carry out a comprehensive psychiatric assessment, specifically including an evaluation of a patient's mental state, physical status and familial/social circumstances.

2. To detect significant mental disorders as well as mental influences upon a person's state of physical health.

3. To accurately identify emergency and crisis situations and to carry out crisis intervention.

4. To implement an appropriate treatment plan, taking into account:

   i) the diagnosis,
   ii) the urgency of the situation, and
   iii) the available family, social and health care resources most appropriate to the situation, including indications for admission.

COMMUNICATOR

1. To demonstrate the ability to establish a therapeutic relationship with patients and their families.
2. To demonstrate the ability to perform an effectively focused history.
3. To demonstrate the ability to effectively deliver information back to patients and families.
4. To demonstrate the ability to deliver information to colleagues and members of the health care team.
5. To complete written documentation clearly and effectively in a timely manner.

COLLABORATOR

1. To know and respect the appropriate roles and skills of members of the health care team.
2. To demonstrate the ability to work effectively within the health care team.
3. To be conscious of the needs of others including fellow staff members and patients.
4. To contribute effectively to interdisciplinary team activities.

HEALTH ADVOCATE

1. To know the distribution and impact of mental disorder in the population.
2. To identify important determinants of health as they affect particular patients.

3. To promptly formulate and establish assessment/therapeutic endpoints.

MANAGER

1. To understand the impact of the cost of treatment.
2. To demonstrate an understanding of the indications for and the effects of admitting a patient to hospital.
3. To be attentive to preventative measures.

PROFESSIONAL

1. To be recognize and deal with one's own anxieties, limitations and personal prejudices.
2. To demonstrate a sense of responsibility.
3. To demonstrate accurate self-assessment skills (e.g. insight).
4. To understand and apply ethical principles to clinical care.

SCHOLAR

1. To demonstrate an ability to recognize learning needs.
2. To critically appraise sources of medical information.
3. To actively participate in learning opportunities.
4. To facilitate learning of patients, other housestaff/students and others.

IV. PROCEDURE

The rotation through psychiatry will extend over a four-week period. Each trainee will spend the entire four weeks in one of the following settings:

1. in the Department of Psychiatry at the Health Sciences Centre, or
2. at the Waterford Hospital.

The allocation, while taking the preferences of the trainee into account, will be made by the PGY I co-ordinator to prevent overloading of any particular setting and secure a rotation profitable to the trainee. (Trainees wanting to undertake an elective program must satisfy the PGY I co-ordinator that they have an adequate knowledge of general psychiatry).

V. HEALTH SCIENCES CENTRE

The services in the different hospitals vary. The trainee will be briefed about his/her program on joining the unit in question. However, common to all rotations will be:

1. An ambulatory care component, e.g., day care, out-patient, community care.
2. Seeing patients on referral in the Emergency Department and collaborating in their management with the responsible staff and consultants.
3. Seeing patients referred from non-psychiatric services of the hospital.

4. Participation in grand rounds and other formal teaching activities of the unit and the university.
5. Involvement in the various activities of the service on which the trainee is working, e.g., group meetings, therapeutic community programs.

VI. WATERFORD HOSPITAL

The Waterford Hospital is the main psychiatric hospital in the province; it has several programs in place.

1. Acute service.
2. Ambulatory care service, including addictions, community care and day care.

In order to spend these four weeks profitably, a trainee will be attached to Acute Service under the guidance of the director of training or one of the staff psychiatrists. Learning the distinction between minor and major psychiatric disorders will be a major focus on this program. As far as formal case presentations or conferences are concerned, the trainee would attend Grand Rounds every other week and in the intervening period a local case presentation would be required. Arrangements could also be activated for one or two seminars with social workers and psychologists if the trainee felt this would be an appropriate learning experience.

VII. ELECTIVES

Following the satisfactory completion of a general psychiatry rotation, the trainee may undertake a specialized psychiatric rotation. Trainees shall not normally be permitted to do psychiatry electives of less than four weeks duration unless those electives are continuous with and in the same hospital setting as their psychiatry rotation. For specialized rotations, the trainee shall obtain the prior approval of the staff person involved, the PGY I co-ordinator for psychiatry and the office of Postgraduate Medical Education.

GERIATRIC PSYCHIATRY

This service, based at the Miller Centre, consists of a day hospital, consultation-liaison service and community psychiatry program for the elderly. The trainee will participate in all three programs.

Objectives

1. Exposure to and understanding of psychiatry illness in late life, including assessment, management and service co-ordination.
2. Ability to carry out functional assessments.
3. Knowledge of support services and agency co-ordination.

FORENSIC PSYCHIATRY

The Waterford Hospital has an inpatient forensic unit. The trainee will get experience in the assessment of court referrals and in the preparation of court reports. Management of forensic patients will also be part of this experience.

CHILD PSYCHIATRY (4 weeks)

Electives are available in child psychiatry. The rotation is based in the Psychiatry Department of the Janeway Children's Health and Rehabilitation Centre. The department provides psychiatric services for children and young adolescents for the entire province. About 500 new patients are seen and 100 inpatients are admitted annually.

The trainee will be exposed to all aspects of diagnostic assessment, decision making and management in child psychiatry. The PGY I experience will emphasize the following areas:

Outpatient Diagnostic Assessment: The trainee will assess at least two families a week under supervision, following orientation to the procedure. The trainee will become familiar with the role of a social worker and in using the expertise of the psychologist in diagnostic assessment. The trainee will learn to conduct sensitive family interviews and to interview children to elicit relevant information. Home visits and school visits will be included whenever possible.

Consultation-Liaison: Opportunities to assess children on medical and surgical services referred for psychiatric opinion. This enables doctors to appreciate the enormous contribution of psychological factors in children's somatic symptomatology as well as the psychological problems secondary to chronic physical disease.

Inpatient Service: The trainee will have the opportunity to assess children on an inpatient basis under the supervision of a staff psychiatrist. Trainees will take part in the night call rotation under the supervision of a staff psychiatrist.

VIII. EVALUATIONS

Trainees will be evaluated on their knowledge base, clinical skills, attitudes and any other factors deemed appropriate.

SURGERY COMPONENT OF PGY I PROGRAM

PGY I TRAINEE COVERAGE - SURGERY

Trainees at the Health Sciences Centre are assigned to general surgery, neurosurgery, urology or orthopedics. Orthopedics and neurosurgery have their own separate call schedules distinct from general surgery and the other subspecialties.

The trainees assigned to general surgery do call on a 1-in-4 rotation with other residents. When on call, this team covers only general and plastic surgery. The trainee or resident is on first call to the emergency room and is always backed up by the chief resident in general surgery, who does not do in-hospital calls. The staff surgeon is always available.

The trainees assigned to neurosurgery do call on a 1-in-3 to 1-in-4 rotation. When on call, members of this team would cover only neurosurgery, including calls to the emergency room.

I. PROGRAM OBJECTIVES

1. To encourage development of professional responsibility by providing definite service duties that will, in addition, provide benefit to the patients and allow for a wide range of case study material for the trainee.
2. To develop specific skills in surgical management so that the trainee will be better able to fulfil their role as a physician.

Specific Objectives for the Anatomical Pathology PGY I's

1. Know the procedures for submitting surgical specimens to the laboratory and the special requirements for specimens such as lymph nodes, breast biopsies, lungs and muscle biopsies.
2. Attendance at autopsies of patients from the service is expected.
3. Attendance at frozen sections whilst the PGY I is on O.R. duty is expected.

Specific Objectives for Anesthesia PGY I's

1. To understand how to optimize a patient's condition prior to the OR to improve their overall outcome.
2. The resident is expected to identify themselves to the anesthetic staff assigned to their patient's list.
3. To attend the patient prior to induction and witness and/or participate in the induction process.

II. MEDICAL EXPERT

Knowledge:

1. To recognize common problems that require surgical treatment.
2. To demonstrate knowledge of common surgical procedures, including indications for and effects of surgical intervention.
3. To recognize those situations where surgical intervention is urgent.

4. To demonstrate knowledge of the routine preoperative management of the surgical patient.
5. To demonstrate understanding of common medical problems that constitute added risk - diabetes, COPD, medications CHF, IHD, etc.
6. To demonstrate knowledge of routine postoperative management of surgical patients.
7. To recognize and know the management of common complications of surgery - deep venous thrombosis, pulmonary embolism, atelectasis, pneumonia, wound infection, etc.
8. To demonstrate knowledge of those special diagnostic investigations and techniques used, for which a patient may require instruction or preparation for the procedure, e.g. IVP, GI series, ultrasound, angiography, CT scan, gastroscopy, sigmoidoscopy, bronchoscopy, etc.

Skills:

1. To demonstrate the ability to assess priorities accurately in cases of major trauma and take appropriate action within the limitation of available facilities and assistance.
2. To manage the resuscitation of major trauma victims, particularly those with injury to the head, spine, chest and abdomen.
3. To demonstrate the ability to clear and maintain an airway and to intubate.
4. To demonstrate skill in fluid replacement.
5. To demonstrate the ability to insert tubes into thoracic or peritoneal cavities, if indicated, and be aware of the technique of diagnostic peritoneal lavage.
6. To demonstrate the ability splint and immobilize limbs or fractures properly, prior to transportation.
7. To demonstrate skill in the removal of a skin and superficial lesion, repair of superficial wounds, I and D of subcutaneous abscesses, etc.

COMMUNICATOR

1. To demonstrate the ability to establish a therapeutic relationship with patients and their families.
2. To demonstrate the ability to perform a focused history.
3. To demonstrate the ability to effectively deliver information back to patients and families.
4. To demonstrate the ability to deliver information to colleagues and members of the health care team.
5. To complete written documentation clearly and effectively in a timely manner.

COLLABORATOR

1. To know and respect the appropriate roles and skills of members of the health care team.
2. To demonstrate the ability to work effectively within the health care team.
3. To be conscious of the needs of others including fellow staff members and patients.
4. To contribute effectively to interdisciplinary team activities.
5. To manage long-term surgical conditions on an ambulatory basis.

HEALTH ADVOCATE

1. To understand the indication/process for referring patients to consultants and other health care personnel in caring for surgical problems.
2. To identify important determinants of health as they affect particular patients.
3. To promptly formulate and establish assessment/therapeutic endopoints.
4. To know and utilize lay organizations designed to assist patients with special problems, e.g., carcinoma of the breast, ostomies, etc.
5. Have a knowledge of home care and public health nursing organizations.

MANAGER

1. To be aware of the cost of various diagnostic and treatment modalities.
2. To demonstrate an understanding of the indications for and the effects of admitting a patient to hospital.
3. To be able to work as part of a health care team.
4. To further develop time management skills.

PROFESSIONAL

1. To recognize and deal with one's own anxieties, limitations and personal prejudices.
2. To demonstrate a sense of responsibility.
3. To demonstrate accurate self-assessment skills (e.g. insight).
4. To understand and apply ethical principles to clinical care.

SCHOLAR

1. To demonstrate an ability to recognize learning needs.
2. To critically appraise sources of medical information.
3. To actively participate in learning opportunities.
4. To facilitate learning of patients, other housestaff/students and others.

III. SERVICE OBJECTIVES

It must be recognized that trainees perform an important and major hospital service. This aspect of their work has occasionally been abused. Care must be taken to ensure that the inevitable demands for routine service work are either limited or rewarded by active teaching. It is the view of the surgical PGY I co-ordinator that the only experience of no value to a PGY I trainee is a large volume of routine work which is conducted in complete isolation from other medical staff.

The service load of the trainee will be limited to that set out below in achievement of educational objectives.

IV. THE HEALTH SCIENCES CENTRE

GENERAL SURGERY

The general surgical unit is on the 4th floor of the Health Sciences Centre. The ward is shared with the Plastic Surgery service and the house staffs on General Surgery and Plastics cross-cover at nights and weekends.

The normal complement of housestaff is: one chief resident, two assistant residents and two clinical clerks on General Surgery and one or two residents on Plastics.

The PGY I trainee takes call in rotation, which is normally one night in four, and has the opportunity to see patients in the Emergency Room and to discuss them directly with his staff person on call.

The service offers a complete mix of general surgical patients. The Plastic Service is heavily weighted in favour of hand and facial trauma and the on-call cover offers a unique opportunity to learn the basic principles in managing these areas.

The General Surgery service has particular strength in the management of major trauma, endocrine surgery, laparoscopic surgery and in surgical oncology. In addition, there is a good opportunity to gain exposure to vascular access surgery. The Health Sciences Centre is the Provincial Referral Centre for major trauma and burns.

Attending Staff

Dr. D. Boone	Dr. A. Kwan	Dr. M. Wells
Dr. M. Hogan	Dr. D. Pace	

Resources

The five general surgeons are full-time University professors. Each of the general and plastic surgeons has one half-day clinic per week. The PGY I trainee is expected to attend the General Surgery clinics.

Each surgeon has one full-day for elective surgery in addition to time in Day Surgery for minor procedures and time in the endoscopy unit.

Formal Teaching

1. Surgical rounds are held weekly on Tuesday mornings at 0745 hours in Lecture Theatre B. These are usually case-based discussions and oriente3d to participatory teaching of the housestaff and surgeons.

2. Surgical resident seminars are Friday afternoons at 1530 hours. These sessions are directed to General Surgery resident but any PGY I trainee is welcome to attend, and are usually held at St. Clare's Mercy Hospital, Morrisey Wing, third floor.

3. There is a schedule for clinical clerk teaching done a weekly basis and PYG I trainees are welcome to attend.

4. Principles of Surgery rounds are on Wednesdays at 1600 hours. They may be held in Lecture Theatre B, the Anatomy Lab or the Surgical Research Lab, according to the schedule posted on the Surgery website. These sessions are for junior residents and any PGY I trainee who is interested in attending.

5. All General Surgery Rounds except those directed at clinical clerks are listed under “News & Events” on the Discipline of Surgery website. The clerkship Teaching Schedule may be obtained from the Office of Surgical Education, 777-6874 or cperkins@mun.ca. While PGY I’s are on a General Surgery rotation, the rounds they are expected to attend should be on their One45 calendar.

Specific Objectives which may be achieved

1. To know the general preparation of the patient for surgery.

2. To demonstrate knowledge of the general conduct of surgical operations including principles of asepsis and perioperative therapy.

3. Be able to perform, under supervision, simple suturing and surgery of “lumps and bumps”.

4. To know the principles in surgical and non-operative management of trauma, gastro-intestinal disease, breast and thyroid disease and surgical oncology.

5. To demonstrate communication skills with patients and families including the breaking of bad news and discussion of prognosis.

6. To know principles of informed consent.

7. To know the principles in post-operative care including the recognition of complications and the management of the more common ones.

8. To recognize and know the principles in treating sepsis, the acute abdomen, major trauma and the common cancers of the breast and G.I. tracts.

ORTHOPEDIC SURGERY

The trainee is exposed to the management of major and minor trauma cases as well as elective orthopedic cases. There are daily clinics where the housestaff see both new and re-check patients and gain experience in the examination, treatment and follow-up of various orthopedic conditions.

The workload and teaching is shared with orthopedics and/or general surgery residents and clinical clerks. Trauma rounds are held weekly and attendance at these is expected. Other orthopedic surgery rounds as listed under “News & Events” on the Discipline of Surgery’s website.

Attending Staff

Dr. A. Furey
Dr. G. Hogan
Dr. R. Martin
Dr. F. Noftall
Dr. F. O’Dea
Dr. P. Rockwood
Dr. D. Squire
Dr. C. Stone

NEUROSURGERY

A clinical associate is generally assigned to this service. This is a busy clinical service and regular teaching activities are available. These include neurosurgery and neurology rounds, a didactic series of lectures conducted

by Dr. Maroun, and the various other surgical teaching rounds within the General Hospital. Attendance in the operating room is not essential but the surgeons do make a point of having the housestaff come to see relevant pathology. There is excellent exposure to clinical problems in OPD (4 clinics per week).

Attending Staff

Dr. R. Avery	Dr. F. Maroun
Dr. A. Engelbrecht	Dr. G. Murray

UROLOGY

The service offers a highly organized, highly structured rotation with daily teaching rounds and tutorials. The clinical responsibility given to the trainee is high, allowing familiarization with a wide range of urological pathology. Trainees who have completed the service rate it highly because of the responsibility given to them and the relevance of what they learn to almost any area of medicine in which they might choose to practise.

Attending Staff

Dr. L. Best	Dr. G. Duffy	Dr. R. Hewitt
Dr. D. Drover	Dr. C. French	

V. ST. CLARE'S MERCY HOSPITAL

GENERAL SURGERY

The general surgical service at St. Clare's Mercy Hospital is very busy and accommodates, in addition to general surgery, a large volume of vascular surgery, thoracic surgery, plastic surgery and endoscopy. One or two trainees are assigned and the heavy individual case load, as well as the wide variety of major and minor surgical cases encountered, makes this a very satisfactory and popular rotation.

Teaching session s include:

1. Daily bedside rounds are conducted by the staff surgeons.

2. Surgical rounds are held weekly on Tuesday mornings at 0745 hours in Lecture Theatre B at the HSC. These are usually case-based discussions and oriented to participatory teaching of the housestaff and surgeons.

3. Surgical resident seminars are Friday afternoons at 1530 hours. These sessions are directed t to General Surgery residents but any PGY I trainee is welcome to attend, and are usually held at St. Clare's Mercy Hospital, Morrisey Wing, third floor.

4. There is a schedule for clinical clerk teaching done on a weekly basis and PGY I trainees are welcome to attend.

5. Principles of Surgery rounds are on Wednesdays at 1600 hours. They may be held in Lecture Theatre B,

the Anatomy Lab or the Surgical Research Lab, according to the schedule posted on the Surgery website. These sessions are for junior residents and any PGY I trainee who is interested in attending.

6. All General Surgery Rounds except those directed at clinical clerks are listed under "News & Events" on the Discipline of Surgery website. The Clerkship Teaching Schedule may be obtained from the Office of Surgical Education, 777-6874 or cperkins@mun.ca. While PGY I's are on a General Surgery rotation, the rounds they are expected to attend should be on their One45 calendar.

7. Vascular Surgery Rounds are held on Mondays, 0730 hours in the 5E Conference Room, SCM.

In addition to the one or two trainees, there is always a chief resident as well as two or three junior residents in general surgery. Two or three clinical clerks, as well, are assigned to the staff surgeons at St. Clare's Mercy Hospital. Trainees work a call rotation with the residents; the chief resident and the staff surgeon on call are always available. There are two general surgery teams, one general/thoracic team and one vascular team.

Attending Staff

Team A (General)	Dr. A. Felix	Dr. W. Pollett
Team B (General)	Dr. M. Hogan Dr. A. Kwan	Dr. D. Pace Dr. M. Wells
Team C (Thoracic)	Dr. P. Gardiner	Dr. C. Mann
Team D (Vascular)	Dr. G. Browne	Dr. K. Melvin

ORTHOPEDIC SURGERY

The PGY I trainee (or family practice resident) will gain experience in the multi-disciplinary approach to orthopedic diseases, with greater emphasis on elective conditions and some trauma.

Daily orthopedic clinics are organized for teaching, and housestaff can gain experience in simple orthopedic procedures and cast application. The workload is shared with orthopedics and/or general surgical residents and clinical clerks.

Attendance and participation is expected at Tuesday am (HSC), Thursday am (HSC) and Friday am (JCH) teaching rounds.

Attending Staff

Dr. A. Furey	Dr. F. Noftall	Dr. D. Squire
Dr. G. Hogan	Dr. F. O'Dea	Dr. C. Stone
Dr. R. Martin	Dr. P. Rockwood	

VI. ELECTIVES

PLASTIC SURGERY - THE HEALTH SCIENCES CENTRE

Plastic surgery at the Health Sciences Centre is a separate service. A wide variety of general plastic surgery as well as microvascular, hand and cosmetic surgery is performed. Rotating trainees are not regularly assigned to this service but are welcome as elective students.

Many outpatient minor operative procedures which are done through day care surgery, the chance for the trainee who often times will first assist on more major cases in the main operating room and the willingness of the staff surgeons to teach, make this surgery elective quite attractive to the trainee.

Attending Staff

Dr. J. Cluett	Dr. D. Jewer
Dr. D. Fitzpatrick	Dr. A. Rideout

PEDIATRIC SURGERY - JANEWAY CHILDREN'S HEALTH AND REHABILITATION CENTRE

Pediatric Surgery is available as an elective surgical rotation. There is a great deal of clinical material available on the surgical service, material which is usually only seen in a pediatric hospital.

Regular teaching rounds are carried out three times a week. There is a grand surgical round rotating with all specialties in pediatric surgery weekly. Mortality rounds are held once a month and there is a one-hour teaching session each week correlating embryology, physiology and anatomy with pediatric surgical problems.

Electives can be arranged by contacting Dr. David Price, Chief of Surgery, Janeway Children's Health and Rehabilitation Centre.

VII. PLAN FOR ACHIEVING EDUCATIONAL OBJECTIVES

1. **Inpatient Bedside Service**: The trainee must be the member of the surgical team who is responsible for the day-to-day bedside management of the surgical patients. In this, he/she is supervised and assisted by the residents and staff persons and in turn supervises and is assisted by the clinical clerks.

   Trainees must be involved in formulation of plans of management. As far as possible, orders should be channeled through the trainee. There should be regular informal bedside teaching and work rounds.

2. **Operating Room**: Trainees should go to the OR with most of the patients under their care. They need not always be present throughout the procedure but should always consult with the resident or staff person if they feel that their presence is of no use or their time would be better spent on the ward. The surgeons

must get used to the idea of getting trainees out of the OR when there is no point in their presence.

3. **Outpatient Clinic Attendance**: Some staff persons have well-organized clinics and can demonstrate principles of outpatient care. These clinics should always be attended by trainees.

APPENDIX I

A Guide to Developing Good Clinical Skills and Attitudes.

PATIENT RELATIONSHIPS

Acceptable behaviour:

1. Gives patients confidence.
2. Relieves their anxieties.
3. Bases his/her interactions on his/her honest opinion.
4. Empathizes with patients.
5. Patients like and talk easily to him/her.
6. Patients can discuss intimate and sensitive details with him/her.
7. Is deeply concerned about his/her patient's welfare without becoming emotionally over involved.

Unacceptable behaviour:

1. Difficulty in understanding patient's needs.
2. Alarms patients needlessly.
3. Reacts poorly to emotional or hostile behaviour.
4. Unable to exhibit sympathy or compassion.
5. Unable to see the patient's point of view.
6. Becomes dependent on the emotional content of the doctor/patient relationship.
7. Becomes too involved emotionally.
8. Sits in judgement of patients.
9. Is rigid and authoritarian.

Comments for Tutor

This behaviour objective clearly involves giving a trainee responsibility for care - not always easy.

Clearly, patients and their families are the tutor's best guide to the trainee's success. Occasionally an insensitive student will upset patients with resultant tutor reluctance to give the student more responsibility in this area, when the student's need is greatest. We suggest that initially you pass the patient's comments on to the trainee with a minimum of comment and continue to give the student responsibility, checking the reactions of suitable patients.

DATA COLLECTION AND RECORDING

Acceptable behaviour:

1. Takes a history whose comprehensiveness is clearly related to the needs of the patient and the nature of the complaint.
2. Utilizes to the full, patient's previous records and history.
3. Is diligent in the search and acquisition of information from previous hospitals.
4. Plans investigations carefully and economically.
5. Information, diagnosis and treatment are clearly and concisely recorded.
6. Records alterations in the patient's diagnostic or clinical status as it occurs.

Unacceptable behaviour:

1. Follows no routine of history taking.
2. Fails to use check lists.
3. Fails to identify or elaborate patient leads.
4. Fails to explore possible relevant psychological and social areas.
5. Investigates in blunderbuss fashion without relation to diagnostic possibilities.
6. Recorded information is sketchy and unsystematic.

Comment for Tutor

Chart review should reveal obvious defects and improvement after discussion. Occasionally, students differ from tutors in what they consider to be their responsibility for taking histories. This area must be clearly defined at the outset.

CLINICAL PROBLEM IN DELINEATION AND SOLUTION

Acceptable behaviour:

1. Realizes the significance of unexpected data and seeks to interpret it.
2. Understands the nature of probability diagnosis.
3. Takes all data into account before making a decision.
4. Tests all diagnostic hypotheses.
5. Is flexible and wide ranging in his/her search for solutions.

Unacceptable behaviour:

1. Fails to realize the implication of the data collected.
2. Unable to interpret or ignores the unexpected item which does not fit.
3. Thinking is rigid and not adequately related to the variations in different patient's lives.
4. Fails to consider alternate solutions and does not diverge sufficiently before reaching a conclusion.
5. Fails to consider the effect on diagnosis of basic variables such as commonness, age of patient and duration of symptoms.
6. Is influenced excessively by irrelevant factors.

Comments for Tutor

The average active primary care physician may make 6,000 diagnoses every year. To do this, he/she manipulates a diagnostic vocabulary of approximately 475 diagnoses. The average PGY I trainee at the end of his/her rotations has probably learned to manipulate 200 - 250 diagnoses. The natural history of the extra 225+ diagnoses may be learned from primary physicians or from specialists or other members of the health care team. This is the most valuable skill you have to teach. If students require help in this area we suggest "Towards Earlier Diagnosis in Primary Care" (5th Edition), K. Hodgkin, in the library.

EFFECTIVE USE OF CLINICAL JUDGEMENT

Acceptable behaviour:

1. Is familiar with the uses and limits of any treatment that he/she uses.
2. Is aware of side effects and dangers of any treatment that he/she prescribes.
3. Simple inexpensive treatment is used first.
4. Considers the patient's home situation.
5. Is sensitive and flexible if the patient's home situation changes.
6. He/she takes the patient into his/her confidence or fully explains what he/she is doing.

Unacceptable behaviour:

1. More concerned with treatment than overall welfare of the patient.
2. Gives inadequate explanations of disease process and treatment.
3. Treatment techniques are rigid and inflexible or inappropriate for the patient's home.
4. Favourite prescriptions are used without adequate thought.
5. Needlessly complex or expensive treatments are used when simpler procedures are available.

Comments for Tutor

This is also an extremely valuable area for the trainee's learning and is often very personal to each tutor. Please teach what you actually do. Thus, if you are prescribing antibiotics to children with respiratory disease for geographical or social rather than bacteriological reasons, please teach and discuss your actual reasons.

EMERGENCY CARE

Acceptable behaviour:

1. Quickly assesses overall situation and establishes priority.
2. Is aware of delay and its consequences.
3. Able to obtain and organize the assistance of others.
4. Able to make and sustain decisions on his/her own.

Unacceptable behaviour:

1. Panics easily and loses time by ineffective action.
2. Becomes confused and flustered under pressure.
3. Unable to make or sustain decisions.
4. Clinical data available is distorted to justify lack of experience.
5. Unable to delegate.

Comments for Tutor

This trainee will rarely be involved in many of these situations but despite this, try to involve him/her in as many emergency situations as you can.

Please also involve the trainee in any telephone conversations with supportive consultants who are in any way contacted when helping you to deal with emergency situations. The telephone relationship with supportive obstetrician or pediatrician 100 or so miles away is a valuable and under stressed primary care tool that we would like you to emphasize whenever possible.

He/she should also learn the consultant value of the social worker, public health nurse, priest or minister, etc.

PREVENTATIVE CARE AND HEALTH EDUCATION

Acceptable behaviour:

1. Uses his ordinary clinical practice to identify high risk group.
2. Recognizes the need to assess preventative care in terms of cost, to government as well as patients.
3. Recognizes the need to develop this area of primary care expertise.
4. Keen to try out, evaluate and dissect new ideas in this field.

Unacceptable behaviour:

1. Is only interested in curative medicine.
2. Does not like to leave the hospital.
3. Is reluctant to institute or evaluate new preventative measures.

Comments for Tutor

This is a difficult area to teach and most trainees are not involved in this area enough.

Perhaps the best and most useful persons to teach this are the public health nurse, social worker, pediatrician and public health physician.

There is much to learn from paramedical personnel in this area.

CONTINUING CARE AND RESPONSIBILITY

Acceptable behaviour:

1. Encourages patient to get back to normal life either by pushing or restraining.
2. Reviews chronically ill patients regularly and has a flexible approach to long-term management.
3. Able to delegate authority without either patient contact or confidence.
4. Able to stimulate and develop support services for the chronically ill within their own community.

Unacceptable behaviour:

1. Loses interest after initial treatment.
2. Fails to recognize the importance of follow-up procedures and fails to review chronically ill patients regularly.
3. Fails to check the accuracy of his/her diagnostic predictions.
4. Discouraged by slow progress or deterioration of the patient.
5. Evades or cannot deal with a situation that is deteriorating or has a poor prognosis.
6. Fails to utilize paramedical help appropriately.

Comments for Tutor

Continuity of care is difficult to teach in our PGY I program because trainees are never very long in one situation.

We believe that a doctor doesn't really learn the realities of continuous care until he/she has been in his/her own practice with his/her own patients for at least two years but you can, however, teach the trainee much about continuity even in a short space.

We suggest that the following is helpful here:

a) In chart review always give your own summary of the appropriate social and family history.
b) Keeping good records and discussing the histories of patients who have been under your care for years.
c) Making the trainee give you family and social history summaries when he/she presents a problem to you.

RELATIONSHIPS WITH COLLEAGUES AND STAFF

Acceptable behaviour:

1. Gets on well with people because he/she is conscious of their needs and tries to satisfy and recognize their contribution.
2. Able to play a secondary role in the health care team.
3. Respects and utilizes the opinions and work of others.
4. Seeks a second opinion where appropriate.
5. Discusses mistakes with others.
6. Creates an atmosphere of working with, not against others.

Unacceptable behaviour:

1. Has difficulty with personal relations and lacks the ability to give and take instructions.
2. Tactless and inconsiderate in relation to vital matters, e.g., workload, time off, pay.
3. Unable to inspire confidence or cooperation with others.
4. Unwilling to refer or consult with other physicians.
5. Fails to support colleagues in their contact with patients.

Comments for Tutor

Involve the trainee in telephone consultations, practice meetings and local doctors' meetings. Also get feedback about the trainee's relationship with other trainees, consultants and paramedicals.

If possible, check and discuss his/her letters of referral to consultants, laboratories and social agencies, etc.

THE ABILITY TO DEVELOP OBJECTIVE RESEARCH METHODS TO ANALYZE AND HANDLE THE COMMON MEDICAL/SOCIAL PROBLEMS OF THE EVER CHANGING COMMUNITY IN WHICH THE PHYSICIAN WORKS AND LIVES

Acceptable behaviour:

1. Looks at an idea objectively and can formulate a null hypothesis related to it.
2. Is interested in the objective comparison of two or more groups of clinical cases and is prepared to accept that an attractive hypothesis may well be wrong.
3. Can design a questionnaire which asks questions relevant to his/her hypothesis.
4. Can think in terms of comparing the characteristics of two relevant objectively selected groups.
5. Is aware of biases in him/herself and the material he/she selects.
6. Is prepared to do literature search.

Unacceptable behaviour:

1. Is not able to come down on a small area of interest.
2. Tends to be more interested in the emotive and products of an idea and not in the objective evaluation of it.
3. Cannot understand the need to have independent criteria for selection of groups of cases for comparison.
4. Cannot maintain enthusiasm and interest in a particular idea.
5. Produces many ideas in a half-formulated way.

Comments for Tutor

We have included this objective in the hope that interested tutors may involve the trainee in any research which they do and also as a potential objective for the PGY I trainee who is going on to a residency.

THE ABILITY TO USE AND DEVELOP THE MANY TOOLS OR SERVICES THAT ARE AVAILABLE TO THE PRIMARY PHYSICIAN

Acceptable behaviour:

1. Selects procedures and community services with care and relates them clearly to his diagnostic hypothesis and management plans.

2. Considers annoyance and dangers of procedures, etc., to patient. Is aware of costs to both community and patient.

3. Contacts personnel responsible for service and finds out their views on the correct use of the services that they provide.

4. Learns from the expert or professional in charge of the service provided.

5. Is interested in utilizing community groups and other resources to develop new services.

Unacceptable behaviour:

1. Tends to use laboratories/hospitals in a blunderbuss fashion without tailoring his/her efforts to varying patient needs or community resources.

2. Is unaware of cost of procedures, etc.

3. Does not provide adequate information (history), etc. to the personnel in charge of the service.

4. Tends to give instructions instead of requesting professional involved to use his/her expertise to help solve the patient's problems.

5. Is not interested in starting new services and regards this as being a community or social worker's responsibility.

Comments for Tutor

Where possible, get feedback from personnel in charge of services and check letters of referral; teach by example. If you are successful in the above areas, your student will have a role model.

THE NEED FOR SELF-EVALUATION

Acceptable behaviour:

1. Although may be initially threatened by self- evaluation, very soon comes to enjoy the process and sets up further similar discussions, etc.

2. Responds to a tutor's account of a mistake by recounting a similar one of his/her own.

3. Can analyze interactions with difficult patients in terms of his/her own as well as the patient's difficulties.

4. Is aware of his/her own value judgement.

5. **Can laugh at him/herself.**

6. Is aware of his/her deficiencies in current medical knowledge and anxious to take remedial action in important areas.

Unacceptable behaviour:

1. Is clearly threatened by self-evaluation procedures such as discussion of mistakes in inadequacies, role-play, etc.

2. Does not discuss his/her mistakes.

3. Is critical of colleagues or nurses without relating this to his/her own performance.

4. Is critical of patients without looking into his/her own reactions.

5. Is unaware that his/her own views may follow personal biases.

Comments for Tutor

An occasional session on your own mistakes is helpful and illuminating in this area, as in an account of how you solve the dilemmas of continuing medical education for yourself.