

Community Surgery – Grand Falls-Windsor

Medical Expert

Specific Requirements

The resident can:

Lumps and Bumps

1. Diagnose and treat common skin and subcutaneous lesions
2. Recognize malignant and pre-malignant lesions and understand the appropriate workup and management

Acute Abdomen

1. Assess and manage patients presenting with acute abdominal pain

Hernias

1. Describe the anatomy of the inguinal region
2. Diagnose and manage patients presenting with a variety of hernias

Procedures

1. Perform inguinal, femoral, umbilical and ventral hernia repair

Biliary Tract and Pancreas

1. Describe the normal and abnormal physiology of the gallbladder and pancreas
2. Discuss inflammatory conditions of the pancreas including classification and management.
3. Discuss the clinical presentations and management of neoplasms of the biliary tract
4. Can discuss the complications of cholelithiasis and their management options
5. Can investigate and manage the jaundiced patient and discuss treatment options

Procedures

1. Bypass procedures
2. Distal pancreatectomy
3. Exploration of the common bile duct
4. Laparoscopic cholecystectomy
5. Open cholecystectomy
6. Pancreatic cyst gastrostomy

7. Pancreaticoduodenectomy (optional)

Upper GI Tract Disease

1. Describe the pathophysiology of peptic ulcer disease
2. Discuss the work-up and management of patients with peptic ulcer disease
3. Discuss the work-up and management of patients with carcinomas of the upper GI tract (stomach, pancreas, and gallbladder)

Procedures

1. A distal gastrectomy
2. An emergency operation for a bleeding peptic ulcer
3. An omental patch procedure
4. Proximal or total gastrectomy

Breast Disease

1. Diagnose and manage patients presenting with benign, pre-malignant, and malignant breast disease
2. Discuss the pathology of benign and malignant breast disease
3. Discuss the role neoadjuvant and adjuvant therapy

Procedures

1. A breast biopsy of a palpable lesion or a needle localization biopsy
2. A sentinel lymph node biopsy
3. A simple mastectomy
4. An axillary dissection
5. Fine needle aspiration of a breast lump

Colorectal Disease

1. Diagnose and treat patients presenting with pilonidal disease
2. Discuss and describe the clinical presentation, pathology, clinical management, and indications for surgery in inflammatory bowel disease
3. Discuss familial colon cancer including the genetics, appropriate screening and options for surgical management.
4. Discuss the clinical presentation and pathophysiology and management of rectal prolapse.
5. Discuss the pathophysiology and treatment of diverticular disease and its complications.
6. Discuss the pathophysiology of benign and malignant neoplasms of the colon and rectum.

7. Knows the anatomy of the colon, rectum and anal canal.

Procedures

1. A segmental colectomy
2. A total mesorectal excision
3. An abdominal perineal resection
4. An anal fistula repair
5. An internal sphincterotomy
6. Hemorrhoidal banding and hemorrhoidectomy

Trauma

1. The resident can appropriately resuscitate a trauma patient following ATLS guidelines

Procedures

1. A trauma laparotomy

Blood and Lymphatic System

1. Knows the appropriate handling of a lymph node specimen
2. Knows the indications for a lymph node biopsy
3. Knows the indications for splenectomy

Procedures

1. a splenectomy
2. biopsy of neck, axilla and groin

Advanced Laparoscopic Techniques

1. Know the physiological effect of pneumoperitoneum
2. Knows the appropriate indications for advanced laparoscopic techniques, the complications associated with them, and the relative merits of open vs laparoscopic techniques

Collaborator

General Requirements

1. Residents are expected to interact with all para-professionals that may be called on to assist in the care of surgical patients.

Communicator

General Requirements

1. Residents will be expected to teach housestaff (including medical students and postgraduate residents) to the best of their knowledge.

Health Advocate

General Requirements

None

Manager

General Requirements

None

Professional

General Requirements

1. Residents will provide work hours and service in keeping with the current PAIRN agreement unless otherwise directed by the Resident Training Committee by mutual agreement.
2. Residents will be expected to show up on floor 2A of the Central Newfoundland Regional Health Care Center at 8am on the first morning of the start date of their surgical rotation. Later attendance can occur by mutual agreement between the resident and Dr. Mark O'Driscoll, site coordinator.
3. In general, a resident work schedule will be from Monday until Friday with working hours framework described in accordance with the current PAIRN contract.

4. (a) PGY 4

A resident's call rota will be dictated by the current PAIRN contract. Post call hours will be dictated by the current PAIRN contract.

- (b) PGY 5

A resident's call will be in keeping with PGY 5 call at hospitals in St. John's. Residents should be available for all traumas presenting to the ER. They will be offered to attend all surgeries after hours and be present at their discretion.

5. Residents will be expected to attend the operative theater as often as possible. They will be expected to attend a new patient clinic of one of the attending surgeons at least twice per month.
6. Residents will be expected to attend an endoscopy clinic with one of the attending surgeons at least twice per month.
7. (a) PGY 4

Residents will be expected to take control of all admitted patients on the surgical ward and ICU directing the care of these patients under the tutelage of the attending staff surgeon. Exceptions will be made at the discretion of the attending surgeon.
- (b) PGY 5

Residents will be expected to take control of all admitted patients on the surgical ward on which they have operated on directing their post-operative care and discharge planning. Residents will be in charge of surgical ICU patients under the tutelage of the attending staff surgeon. Residents will be expected to assume the management of complex non-operative patients admitted to the surgical floor directing investigations and medical care under the tutelage of the attending surgeon. Exceptions will be made at the discretion of the attending surgeon.
8. (a) PGY 4

Residents will be expected, at the discretion of the attending surgeons, to attend to consults throughout the hospital at any time during the defined work day or while on call.
- (b) PGY 5

Residents will be expected, at the discretion of the attending surgeons, to attend to consults throughout the hospital at any time during the work day.
9. Residents will be expected to attend hand over rounds every Friday morning with a working knowledge of all inpatients and be prepared to discuss the patient's problems and their care plans. They should also be prepared to field questions pertinent to these same patients. Questions will be appropriate to the level of training.
10. Residents should not attend OR's, in general, without having first met the patients in the holding area and reviewing their chart to understand what operation they are undergoing and why.

Scholar

1. Residents will be expected to present a grand rounds during their rotation on a topic decided upon by mutual agreement between the resident and Dr. Mark O'Driscoll, site coordinator.