Obstetrics and Gynecology PGY-1 General Surgery Rotation

Location: Grace General Hospital – Acute Care Surgical Service

Duration: 2 rotation periods (~ 8 weeks)

Objectives:

I. Medical Expert

1) Overall

   a) Development of an approach to diagnosis, management (operative vs. non-operative) and post-operative care of patients with typical general surgery conditions.
   b) Development of specific surgical skills related to the operative management of general surgical conditions.

2) Diagnosis

   a) Gain insight into the diagnostic options for general surgery conditions, including physical exam, laboratory tests, diagnostic imaging and other services.
   b) Be able to formulate a differential diagnosis and organize these based on the patient’s history, physical exam and other diagnostic results.
   c) Attempt to rule out gynecologic causes for patients’ complaints, if appropriate.
   d) Develop an approach to diagnosis of various breast diseases.

3) Operative Management

   a) Understand the basis for surgical management of general surgery conditions.
   b) Appreciate the operative options for a given condition and the rationale for choosing a particular option in a given patient.
   c) Understand the course of events from decision to operate, through the process of the patient coming to the OR, having the surgery, immediate post-operative recovery to longer-term recovery on the ward and upon discharge.

4) Non-operative Management

   a) Understand the options for non-operative management of general surgery conditions, and why some conditions warrant such approaches and others do not.
   b) Understand when conservative management is not effective and surgical intervention may be required.

5) Post-operative Management
a) Develop an approach to dealing with the common post-operative issues including pain, wound infection/drainage, mobilization, drains, urinary catheters, dressings, and insomnia.

6) Surgical Skills

a) Develop familiarity/proficiency in the following surgical techniques:
   i. Surgical scrub technique
   ii. Sterile gowning and draping of patient
   iii. Laparoscopy:
      1. Correct placement of trochars
      2. Verres needle/trochar vs. Hassan trochar technique
      3. Camera technique
      4. Grasping, scissoring, electrosurgery
      5. Appendectomy technique
      6. Cholecystectomy technique
      7. Laparoscopic cholecystogram
   iv. Open Surgery
      1. Skin incisions
      2. Retractor placement
      3. Appendectomy technique
      4. Cholecystectomy technique
      5. Inguinal/femoral hernia repair
      6. Bowel resection technique
      7. Fine needle aspiration biopsy
      8. Breast abscess incision and drainage
      9. Perineal/perianal abscess incision and drainage
      10. Open cholecystogram +/- open common bile duct exploration
   v. Incision closure techniques
      1. Subcuticular sutures
      2. Mattress sutures
      3. Skin staples
   vi. Drain placement
      1. Jackson-Pratt drain
      2. Penrose drains
      3. Hemo-vac drains
   vii. Vacuum dressing application

II. Communicator

a) Liaise with members of the healthcare team, both on the ward and more broadly, to achieve the best care for your patient.

b) Dictate/write accurate chart notes, consults and OR reports

c) Use respectful, empathic verbal communication with patients and families

d) Develop an approach to consent for surgical procedures and learn the relevant issues to discuss for each specific procedure.

e) Develop an organized, concise and complete approach to a surgical consultation, whether in the emergency department or on the ward, and be able to present it to the appropriate supervisor (Attending surgeon or HMO).
III. Collaborator

Work with nurses, physiotherapists, occupational therapists, ostomy nurses, speech language pathologists, other medical specialists in the care of ward patients to optimize their care.

IV. Health Advocate

Work with home care, PT and OT to facilitate timely care and discharge of patients to their homes, PCH or other rehab facilities.

V. Scholar

  a) Demonstrate an evidence-based approach to the care of surgical patients.
  b) Teach learners, patients and other members of the healthcare team

VI. Manager

  a) Develop skills to allow the individual management of up to 10 surgical in-patients at any given time, with the assistance of the ward staff, Attending Surgeon, House Medical Officer, and other members of the ACSS team

VII. Professional

  a) Maintain patient confidentiality
  b) Demonstrate punctuality, commitment and a professional demeanor

Notes:

1) Due to the numerous Attending Surgeons on the service and how they rotate through (one week of daytime service, with other surgeons on individual night-time call) the experience for each resident on service will vary. Some surgeons are more accessible to bedside teaching and others more didactic teaching. Some encourage resident participation in OR’s and others are more inclined to let the HMO operate with them. Some like to round as a whole team all at once, others prefer to round more individually and let the HMO run the ward.

Because of this, the resident needs to be flexible and assertive to try and maximize their learning experience and operative time. As the surgeons generally are used to operating on their own, with experienced assistants, some may be reluctant to give as much operative responsibility to the PGY-1 resident as they may be accustomed to from other rotations, especially gynecology. Also, the start times for rounding will vary by attending. Some Attendings prefer to start at 07:00 while others like 08:00 or later. Typically, as the Attendings change over (night to day) at 08:00 and 16:00, most days finish around 16:30 unless you’re on call. There is a desire for pre-rounding to occur prior to formal rounds at 08:00 but whether this will occur during the next few rotations is uncertain.
2) Like the Attending Surgeons, there are multiple HMOs and the experience with them will also vary. The HMOs come from different medical backgrounds and their experiences with teaching responsibilities will vary. Accordingly, residents need to be flexible with the expectations of the HMO’s and how they want to run the service. Of course, if the resident sees an opportunity to improve things, the HMOs should be willing to hear these concerns and are generally the go-to person for the rotation, as they will have the most contact time with the resident. Contact with Dr. Brent Zabolotny for any concerns or suggestions is also appreciated.

3) Call responsibilities are generally straight-forward. Typically, call can be taken from home, with the expectation that the resident handle ward-related calls over the phone or in-person if they judge it necessary. Additionally, should the Attending Surgeon or HMO ask the resident to come and see a consult in the emergency or another ward, the resident should be available to do so. A call room is available to stay in should the resident be at the hospital late or feel that they do not want to drive home as they are watching over a sick patient, for example. Generally speaking, the resident on service should expect to do 6 calls per rotation, with 1 weekend per rotation. The residents should be able to schedule their own call dates amongst themselves.

4) A room is available on the ward (4-South) that residents will get a key for. This room is secure and residents can leave their belongings there. It has a computer and phone and several chairs.

5) Opportunities exist for residents to attend a clinic with Dr. Zabolotny at the Breast Health Center. Interested residents should inquire about this at the start of the rotation by speaking to Dr. Zabolotny.