**Preamble**

The rotation on A-Service General Surgery provides the General Surgery residents with the opportunity for concentrated exposure to a broad spectrum of general surgical conditions. Several focus areas include breast, gastrointestinal/colorectal and minimal access surgery.

The A-Service experience offers exposure to the clinical problems commonly seen by the practicing general surgeon on an elective basis.

**General Objectives**

Upon completion of the A-Service General Surgery rotation, the General Surgery resident is expected to acquire the knowledge (cognitive), clinical and technical skills (psychomotor) and attitudes (affective) essential to the CanMEDS roles/competencies pertinent to the A-Service General Surgery rotation, including gender-related and ethnic perspectives.

The resident is advised to review the [Learning Objectives for General Surgery Residents on General Surgery Rotations](#) in conjunction with these rotation-specific objectives.

**Specific Objectives**

At the completion of the A-Service General Surgery rotation, the General Surgery resident will have acquired the following competencies and will function as:

**Medical Expert**

- Establish and maintain clinical knowledge, skills and attitudes appropriate to the A-Service General Surgery rotation
  - Apply knowledge of the clinical, socio-behavioural and fundamental biomedical sciences relevant to the A-Service General Surgery rotation

The resident in General Surgery is required to attain sufficient knowledge as follows:

**Basic/General Areas**

- Anatomy of the following areas:
  - Breast and axilla
  - Upper gastrointestinal system
  - Lower gastrointestinal system
  - Biliary tract
  - Retroperitoneum
  - Spleen/pancreas
  - Inguinal/femoral
• Physiology, including:
  ▪ Gastrointestinal/function/motility
  ▪ Biliary/bile composition and function
  ▪ Spleen/hematopoietic system

• Medical problems in the surgical patient, including:
  ▪ Preoperative assessment
  ▪ Preparation for specific operative interventions (e.g. bowel preparation for colorectal surgery)
  ▪ Antimicrobial prophylaxis
  ▪ Anticoagulation/thromboembolic prophylaxis
  ▪ Corticosteroid management
  ▪ Diabetes management

• Conduct of a surgical procedure, including:
  ▪ General principles
  ▪ Specific operative interventions

• Postoperative care, including:
  ▪ Prevention and treatment of postoperative infections
  ▪ Management of cardiac/hypertensive complications
  ▪ Management of thromboembolic complications
  ▪ Management of pulmonary complications
  ▪ Management of endocrine/metabolic problems (e.g. diabetes)
  ▪ Management of fluid and electrolyte/renal problems

• Wound management and healing/biomaterials for hernia repair

• Sepsis and surgical infections

• Hemostasis and use of blood products

• Fluid management and acid-base problems

• Metabolic and nutritional care

• Cancer, including:
  ▪ Principles of neoplasia
  ▪ Diagnosis and staging
  ▪ Therapeutic options
  ▪ Principles of chemotherapy
  ▪ Principles of radiation oncology

• Imaging for the general surgeon, including:
  ▪ Plain x-rays
  ▪ Mammography/stereotactic breast biopsy
  ▪ Contrast studies and interventional radiology
  ▪ CT/colonography
  ▪ Ultrasound/endoscopic ultrasound
  ▪ MRI/MRCP
  ▪ Nuclear medicine studies (scintigraphy)
• PET

• Diagnostic/therapeutic GI endoscopy, including:
  ▪ Upper GI endoscopy
  ▪ Colonoscopy/sigmoidoscopy
  ▪ ERCP

• Laboratory medicine for the general surgeon, including:
  ▪ Hematology
  ▪ Biochemistry
  ▪ Microbiology
  ▪ GI laboratory studies, including:
    ➢ Esophageal manometry/pH
    ➢ Anorectal manometry

Breast Diseases

• Definition of neoplasm, abscess and hyperplasia

• Distinguishing benign from malignant neoplasms

• Classification of breast neoplasm (benign and malignant)

• Physical characteristics of breast cancer

• Risk factors for breast cancer

• Age-related variations in presentation profile for breast cancer and the differential diagnosis

• Options available for breast screening

• Initial assessment of a woman with:
  ▪ Breast mass
  ▪ Nipple discharge
  ▪ Recent nipple retraction
  ▪ Breast pain
  ▪ Diffuse nodular breast tissue
  ▪ Isolated axillary lymphadenopathy

• The clinical presentation, assessment and care of a woman with:
  ▪ Ductal carcinoma in-situ
  ▪ Atypical hyperplasia

• The clinical presentation, assessment and management of a male with gynecomastia

• The clinical presentation, assessment and management of the following:
  ▪ Acute breast cellulites/abscess
  ▪ Chronic cellulites with sinus formation
- Macrocystic disease
- Fibroadenoma
- Duct ectasia

- The indications for and the complications associated with the following procedures:
  - Fine needle aspiration biopsy
  - Core needle biopsy
  - Excision biopsy
  - Needle localization biopsy
  - Incision/drainage
  - Segmental mastectomy (lumpectomy)
  - Total mastectomy
  - Subcutaneous mastectomy
  - Axillary lymph node biopsy
  - Sentinel lymph node biopsy
  - Axillary lymph node dissection

- Detailed description of each of the above procedures with reference to the following:
  - Selection of the incision
  - Sequence of steps in the operation
  - Normal anatomic relations
  - Possible extension of the operation
  - Specific technical problems
  - Specimen handling
  - Expected outcomes/consequences as distinct from complications

- The role and the technical aspects of radiotherapy for breast cancer
- Breast reconstruction options available for women
- Advantages and disadvantages of immediate versus delayed breast reconstruction

**Non-Emergency Gastrointestinal/Colorectal Diseases**

- Presentation, pathophysiology, principles of assessment, diagnostic strategy, specific management, complications of disease and intervention and expected outcomes of the following:
  - Gastroesophageal reflux disease/hiatus hernia/Barrett’s
  - Achalasia
  - Peptic ulcer disease/H pylori
  - Gastric neoplasia, including:
    - GIST
    - Adenocarcinoma
    - Lymphoma/MALT

- Inflammatory bowel disease, including:
  - Ulcerative colitis/pelvic pouch procedure
  - Crohn’s, including:
    - Gastrointestinal
    - Small intestine
    - Large intestine/anorectal
• Gastrointestinal fistulas
• Small intestinal neoplasia, including:
  ➢ Polyps
  ➢ GIST
  ➢ Adenocarcinoma
  ➢ Lymphoma
  ➢ Carcinoid tumour/carcinoid syndrome

• Polyps of the colon and rectum, including:
  ➢ Classification
  ➢ Polyp syndromes/molecular genetic aspects
  ➢ Screening/surveillance
  ➢ Surgical options

• Colorectal cancer, including:
  ➢ Molecular genetic aspects/HNPCC
  ➢ Staging
  ➢ Multidisciplinary management
  ➢ Screening/surveillance

• Intestinal stomas, including:
  ➢ Ileostomy
  ➢ Colostomy

• Rectal prolapse

• Anorectal disorders, including:
  ➢ Hemorrhoids
  ➢ Anal fissure/ulcer
  ➢ Anal fistula, including:
    ✓ Classification
    ✓ Salmon-Goodsall rule
    ✓ Management options/approach
  ➢ Rectovaginal fistula
  ➢ Anal neoplasms

Non-Emergency Biliary Tract Diseases

• Presentation, pathophysiology, principles of assessment, diagnostic strategy, specific management, complications of disease and intervention and expected outcomes of common non-emergent biliary tract disorders, including:
  ➢ Approach to the jaundiced patient
  ➢ Calculous biliary disease, including:
    ➢ Gallstone pathogenesis
    ➢ Laparoscopic/open cholecystectomy
    ➢ Choledocholithiasis
    ➢ Laparoscopic/open common bile duct exploration
  ➢ Polypoid lesions of the gallbladder
- Bile duct injury, including:
  - Classification
  - Diagnosis/recognition
  - Initial approach to management

- Gallbladder cancer

**Non-Emergency Splenic Diseases**

- Operative indications for splenectomy, including:
  - Hypersplenism
  - Autoimmune/erythrocyte disorders
  - Cysts/tumours
  - Diagnostic
  - Iatrogenic
  - Incidental

- Laparoscopic/open splenectomy, including:
  - Indications
  - Technical considerations
  - Complications
  - Expected outcomes

**Minimally Invasive Surgery**

- Basic principles of minimally invasive surgery

- Indications, technical considerations, complications and expected outcomes for the following specific minimal access operative procedures performed on the A-Service General Surgery rotation:
  - Biliary tract procedures, including:
    - Cholecystectomy
    - Common bile duct exploration
  - Foregut procedures, including:
    - Antireflux operations
    - Paraesophageal hernia repair
    - Heller myotomy for achalasia
    - Gastric resection
    - Gastroenterostomy
  - Colorectal procedures, including:
    - Ileocolonic resection
    - Left and Right Hemicolectomy (open and laparoscopic)
    - Anterior resection
    - Abdominoperineal resection
  - Splenectomy
  - Adrenalectomy
  - Hernia repair, including:
    - Groin hernia (open and laparoscopic)
➢ Umbilical hernia
➢ Ventral hernia (open and laparoscopic)

Bariatric Surgery

Describe current bariatric procedures and complications.

Describe the principles of management of postoperative bariatric surgical complications

With respect to the above outline of cognitive objectives:

- The PGY-1 resident and the junior resident will be able to outline the initial management of the listed conditions
- The senior/chief resident will be able to describe the listed conditions beyond initial management, including operative procedures, perioperative considerations, complications, expected outcomes and follow-up
- Perform a complete and appropriate assessment of the general surgical patient
  - Elicit a history that is relevant, concise and accurate
  - Perform a focused physical examination that is relevant and accurate
  - Select medically appropriate investigations in a resource-effective and ethical manner
  - Demonstrate effective clinical problem solving and judgment to address the general surgical problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
- Use preventive and therapeutic interventions effectively
  - Implement an effective and prioritized management plan for the general surgical patient, including appropriate and expeditious patient disposition in the acute care setting
  - Demonstrate effective, appropriate and timely application of therapeutic interventions relevant to the A-Service General Surgery rotation
  - Ensure appropriate informed consent is obtained for therapies

The PGY-1 resident and the junior resident will be able to:

- Perform many of the above clinical skills
- Initiate well thought-out and appropriate management strategies; will require corroboration or modification by a more senior individual

The senior/chief resident will be able to:
• Perform the above clinical skills
• Formulate management strategies completely
• Coordinate team members and consultants in the development, documentation and execution of clear and integrated management plans

• **Demonstrate proficient and appropriate use of procedural skills**
  - Demonstrate effective, appropriate and timely performance of diagnostic procedures relevant to the A-Service General Surgery rotation
  - Demonstrate effective, appropriate and timely performance of therapeutic procedures relevant to the A-Service General Surgery rotation
  - Ensure appropriate informed consent is obtained for procedures
  - Appropriately document and disseminate information related to procedures performed and their outcomes
  - Ensure adequate follow-up is arranged for procedures performed
  - Compile and maintain an accurate and complete electronic data base for all operative procedures performed on the A-Service General Surgery rotation

Having completed the A-Service General Surgery rotation, the General Surgery resident will be able to demonstrate technical competence for the following procedures:

(Designation is listed as to expectation of **Surgeon (S)** or **Assistant (A)** for each procedure and for each level of training)

<table>
<thead>
<tr>
<th>Operative Procedures</th>
<th>PGY-1</th>
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<th>Senior/Chief</th>
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<td>Venipuncture</td>
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<td>Venous cutdown</td>
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<td>Central venous catheter insertion</td>
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<td>Insertion/removal of venous access reservoir (Portacath)</td>
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<td>Removal of peritoneal dialysis catheter</td>
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<td>Urinary catheter insertion</td>
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<tr>
<td>Nasogastric tube insertion</td>
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<tr>
<td><strong>Integumentary System</strong></td>
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<tr>
<td>Incision/drainage of subcutaneous abscess</td>
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<tr>
<td>Excision of subcutaneous lesions</td>
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<tr>
<td>Excision of pilonidal sinus disease</td>
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<tr>
<td><strong>Breast</strong></td>
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<tr>
<td>Fine needle aspiration biopsy</td>
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<tr>
<td>Breast cyst aspiration</td>
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<td>True-cut core biopsy</td>
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<tr>
<td>Excision biopsy for benign lesion</td>
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<tr>
<td>Procedure</td>
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<tr>
<td>Excision biopsy for suspected cancer under local anesthesia</td>
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<td>Excision biopsy for suspected cancer after needle localization</td>
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<td>Excision biopsy for suspected cancer for a central lesion</td>
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<tr>
<td>Excision biopsy for suspected cancer in the manner of a lumpectomy</td>
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<tr>
<td>Segmental mastectomy</td>
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<tr>
<td>Sentinel lymph node biopsy</td>
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<tr>
<td>Axillary dissection (Levels I and II)</td>
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<td>A/S</td>
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<tr>
<td>Total mastectomy +/- axillary dissection</td>
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<td>A/S</td>
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<tr>
<td>Subcutaneous mastectomy</td>
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<tr>
<td><strong>Hematologic/Lymphatic</strong></td>
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<tr>
<td>Biopsy of enlarged lymph nodes (cervical; axillary; inguinal; scalene)</td>
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<tr>
<td>Open splenectomy</td>
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<tr>
<td>Laparoscopic splenectomy</td>
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<td><strong>Endoscopic Procedures</strong></td>
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<tr>
<td>Flexible sigmoidoscopy</td>
<td>NA</td>
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<td>Rigid sigmoidoscopy</td>
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<tr>
<td>Percutaneous endoscopic gastrostomy (PEG)</td>
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<tr>
<td>Diagnostic laparoscopy</td>
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<td><strong>Esophageal Procedures</strong></td>
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<tr>
<td>Laparoscopic esophagomyotomy (Heller myotomy)</td>
<td>A</td>
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<tr>
<td>Open laparoscopic transabdominal hiatus hernia repair/fundoplication</td>
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<tr>
<td><strong>Gastroenterodenal Procedures</strong></td>
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<tr>
<td>Open wedge excision of gastric GIST/other lesions</td>
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<tr>
<td>Laparoscopic excision of gastric GIST/other lesions</td>
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<tr>
<td>Open partial gastric resection with Billroth I/Billroth II/Rouen-Y</td>
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<tr>
<td>reconstruction</td>
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<tr>
<td>Laparoscopic partial gastric resection with Billroth I/Billroth II/Rouen-Y reconstruction</td>
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<tr>
<td>Open total gastrectomy</td>
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<tr>
<td>Open gastroenterotomy</td>
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<tr>
<td>Laparoscopic gastroenterotomy</td>
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<tr>
<td>Open surgical gastrostomy techniques</td>
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<tr>
<td>Laparoscopic surgical gastrostomy techniques</td>
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<tr>
<td>Open pyloroplasty</td>
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<tr>
<td>Laparoscopic pyloroplasty</td>
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<tr>
<td>Vagotomy techniques for peptic ulcer</td>
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<tr>
<td>Laparoscopic gastric bypass/Rouen-Y gastrojejunosomy for morbid obesity</td>
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<tr>
<td><strong>Small Intestinal Procedures</strong></td>
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<tr>
<td>Open enterostomy (feeding/loop)</td>
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<tr>
<td>Laparoscopic enterostomy</td>
<td>A</td>
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<tr>
<td>Closure of enterostomy</td>
<td>A</td>
<td>A</td>
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<tr>
<td>Laparotomy and enterolysis for intestinal obstruction</td>
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<td>A/S</td>
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<tr>
<td>Open small intestinal resection/anastomosis</td>
<td>A</td>
<td>A/S</td>
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<tr>
<td>Laparoscopic small intestinal resection/anastomosis</td>
<td>A</td>
<td>A</td>
<td>A/S</td>
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<tr>
<td>Open resection of Meckel’s diverticulum</td>
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<tr>
<td>Laparoscopic resection of Meckel’s diverticulum</td>
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<tr>
<td>Open enteroanatomosis</td>
<td>A</td>
<td>A/S</td>
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</tbody>
</table>
## Laparoscopic enterointestinal anastomosis

<table>
<thead>
<tr>
<th>Colon and Rectal Procedures</th>
<th>A</th>
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<tbody>
<tr>
<td>Open colostomy (end/loop)</td>
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<tr>
<td>Laparoscopic colostomy</td>
<td>A</td>
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<tr>
<td>Colostomy closure</td>
<td>A</td>
<td>A/</td>
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<tr>
<td>Open colonic resection/anastomosis (segmental/subtotal)</td>
<td>A</td>
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<tr>
<td>Laparoscopic colonic resection (segmental/subtotal)</td>
<td>A</td>
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<tr>
<td>Open anterior resection with total mesorectal excision (TME)</td>
<td>A</td>
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<tr>
<td>Laparoscopic anterior resection with total mesorectal excision (TME)</td>
<td>A</td>
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<tr>
<td>Abdominoperineal resection with total mesorectal excision (including perineal portion of the procedure)</td>
<td>A</td>
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<tr>
<td>Laparoscopic-assisted abdominoperineal resection with total mesorectal excision (including perineal portion of the procedure)</td>
<td>A</td>
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<tr>
<td>Total proctocolectomy with Brooke ileostomy for colitis</td>
<td>A</td>
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<tr>
<td>Pelvic pouch procedure with stapled j-pouch for ulcerative colitis</td>
<td>A</td>
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<tr>
<td>Pelvic pouch procedure with total colectomy/rectal mucosectomy and stapled j-pouch/handsewn ileoanal anastomosis for FAP/dysplasia</td>
<td>A</td>
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## Liver Procedures

<table>
<thead>
<tr>
<th>Anorectal Procedures</th>
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<tbody>
<tr>
<td>Open liver biopsy</td>
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<tr>
<td>Laparoscopic liver biopsy</td>
<td>A</td>
<td>A/</td>
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<tr>
<td>Wedge excision of liver lesion</td>
<td>A</td>
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<tr>
<td>Open decompression/management of liver abscess/cyst</td>
<td>A</td>
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<tr>
<td>Laparoscopic decompression/management of liver abscess/cyst</td>
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## Gallbladder and Biliary Tract Procedures

<table>
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<tr>
<td>Open cholecystectomy and cholangiography</td>
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<td>Laparoscopic cholecystectomy</td>
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<td>Procedure</td>
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<tr>
<td>Open common bile duct exploration</td>
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<tr>
<td>Laparoscopic common bile duct exploration</td>
<td>A</td>
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<td>A/S</td>
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<tr>
<td>Biliary-intestinal anastomosis</td>
<td>A</td>
<td>A</td>
<td>S</td>
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<tr>
<td><strong>Pancreatic Procedures</strong></td>
<td></td>
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<tr>
<td>Drainage of pancreatic abscess</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
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<tr>
<td>Pancreatic necrosectomy</td>
<td>A</td>
<td>A</td>
<td>S</td>
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<tr>
<td>Open drainage of pancreatic pseudocyst by anastomosis to stomach or intestine</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
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<tr>
<td>Laparoscopic drainage of pancreatic pseudocyst by anastomosis to stomach or intestine</td>
<td>A</td>
<td>A</td>
<td>A/S</td>
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<tr>
<td>Distal pancreatectomy</td>
<td>A</td>
<td>A/S</td>
<td>A/S</td>
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<tr>
<td><strong>Hernia and Abdominal Wall Procedures</strong></td>
<td></td>
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<tr>
<td>Elective open repair of inguinal hernia using tension-free mesh technique</td>
<td>A</td>
<td>S</td>
<td>S</td>
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<tr>
<td>Elective laparoscopic repair of inguinal hernia</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
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<tr>
<td>Elective open repair of femoral hernia using tension-free mesh technique</td>
<td>A</td>
<td>S</td>
<td>S</td>
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<tr>
<td>Elective laparoscopic repair of femoral hernia</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
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<tr>
<td>Emergency repair of incarcerated/strangulated femoral hernia using Cooper's ligament (McVay) technique</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
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<tr>
<td>Open repair of ventral (incisional) hernia</td>
<td>A</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>Laparoscopic repair of ventral (incisional) hernia</td>
<td>A</td>
<td>A/S</td>
<td>A/S</td>
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<tr>
<td>Repair of parastomal hernia</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
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<tr>
<td>Repair of lumbar hernia</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
</tr>
<tr>
<td>Open repair of Spigelian hernia</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
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<tr>
<td>Laparoscopic repair of Spigelian hernia</td>
<td>A</td>
<td>A</td>
<td>S</td>
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<tr>
<td>Emergency repair of obturator hernia</td>
<td>A</td>
<td>A/S</td>
<td>S</td>
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<tr>
<td>Emergency repair of fascial dehiscence/evisceration</td>
<td>A</td>
<td>S</td>
<td>S</td>
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<tr>
<td>Repair of hydrocele</td>
<td>A</td>
<td>S</td>
<td>S</td>
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<tr>
<td>Incision/drainage of abdominal wall abscess</td>
<td>S</td>
<td>S</td>
<td>S</td>
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<tr>
<td><strong>Adrenal Procedures</strong></td>
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<tr>
<td>Laparoscopic adrenalectomy</td>
<td>A</td>
<td>A</td>
<td>A/S</td>
</tr>
</tbody>
</table>

- Seek appropriate consultation from other health professionals
  - Demonstrate insight into his/her own limitations of expertise by self-assessment
  - Demonstrate effective, appropriate and timely consultation of another health professional as needed for optimal care of the general surgical patient
  - Arrange appropriate follow-up care services for the general surgical patient

**Communicator**

At the completion of the A-Service General Surgery rotation, the General Surgery resident will be able to:

- Develop rapport, trust and ethical therapeutic relationships with patients and families
• Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy

• Respect patient confidentiality, privacy and autonomy

• Listen effectively

• **Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals**
  • Seek out and synthesize relevant information from other sources such as the patient’s family, caregivers and other professionals

• **Accurately convey relevant information and explanations to patients and families, colleagues and other professionals**
  • Deliver information to the general surgical patient and family, colleagues and other professionals in a humane and understandable manner

• **Convey effective oral and written information**
  • Maintain clear, accurate, appropriate and timely records of clinical encounters and operative procedures involving the A-Service general surgical patients
  • Maintain an accurate, complete and up-to-date electronic database (log) of operative procedures performed during the A-Service General Surgery rotation
  • Effectively present verbal reports of clinical encounters and medical information during the A-Service General Surgery rotation

**Collaborator**

At the completion of the A-Service General Surgery rotation, the General Surgery resident will be able to:

• **Participate effectively and appropriately in an interprofessional healthcare team**
  • Recognize and respect the diversity of roles, responsibilities and competences of other professionals (e.g. nurses/ET nurses, nursing assistants, dieticians and physiotherapists) in the management of the general surgical patient
  • Work with others to assess, plan, provide and integrate care of the general surgical patient
  • Demonstrate leadership in the day-to-day running of resident/student team activities on the A-Service General Surgery rotation
Manager
At the completion of the A-Service General Surgery rotation, the General Surgery resident will be able to:

- Manage his/her professional and personal activities effectively
  - Set priorities and manage time to balance professional responsibilities, outside activities and personal life
  - Employ information technology effectively (e.g. electronic surgical procedure database)
- Demonstrate an understanding of cost-effectiveness in patient management
  - Utilize hospital resources wisely when managing general surgical patients
- Serve in leadership roles, as appropriate
  - Participate effectively at teaching rounds and other meetings
  - Lead the A-Service team effectively and efficiently

Health Advocate
At the completion of the A-Service General Surgery rotation, the General Surgery resident will be able to:

- Respond to the needs of the general surgical patient
  - Identify the health needs of an individual patient
  - Identify opportunities for advocacy, health promotion and disease prevention (e.g. colorectal cancer screening)

Scholar
At the completion of the A-Service General Surgery rotation, the General Surgery resident will be able to:

- Maintain and enhance professional activities through ongoing learning
  - Pose an appropriate learning question
  - Access and interpret the relevant evidence
  - Integrate new learning into development as a general surgeon
- Critically evaluate medical information and its sources and apply this appropriately to clinical decisions
• Critically appraise the evidence in order to address a clinical question
• Integrate critical appraisal conclusions into clinical care

• Facilitate the learning of students and residents
  • Demonstrate an effective presentation while assigned to the A-Service General Surgery rotation
  • Provide effective feedback to faculty, residents and students

**Professional**

At the completion of the A-Service General Surgery rotation, the General Surgery resident will be able to:

• **Demonstrate a commitment to patients through ethical practice**
  • Exhibit appropriate professional behaviours, including honesty, integrity, commitment, compassion, respect and altruism
  • Appropriately manage conflicts of interest
  • Recognize the principles and limits of patient confidentiality
  • Maintain appropriate relations with patients

• **Demonstrate a commitment to physician health**
  • Balance personal and professional priorities
  • Strive to heighten personal and professional awareness and insight