

# Elective: General Surgery – Gold Service, (Trauma and Acute Surgical Care Service)

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## OVERVIEW

HSC is the only designated provincial trauma centre for the whole of Manitoba and Northwestern Ontario. We provide specialized trauma care particularly to patients with blunt multi-system trauma or penetrating torso injuries. In addition, a significant number of non-trauma general surgical emergencies are treated on the Service, subject to bed availability.

## INTRODUCTION

### Location(s):

Health Science Centre

### Attending Surgeons

Dr. Brendan McCarthy, Assistant Professor

\*The Gold Surgery day surgeons provide coverage for the service from 0800-1600, one week at a time, including weekends. The day surgeons will be the main preceptors for the Gold Surgery clinical clerks, and for Green and Orange Surgery clerks covering Gold Surgery call during weekends. There are many other general surgeons who provide service coverage in the evenings, who will be the attending staff for Green and Orange Surgery clerks covering Gold Surgery call at night. General Surgery Gold Service

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## LEARNING OBJECTIVES (CanMEDS)

- To obtain exposure to the early resuscitation and diagnostic work-up of trauma patients.
- To observe the management of common surgical emergencies and learn the basics of peri-operative treatment of patients requiring an emergency laparotomy.
- Students are expected to follow their patients from their admission in the Emergency Department through their entire stay in the Service, including Operating Room, Step-Down Unit, and Ward. Attendance at the Out-Patient Clinic is also required

### Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills and professional attitudes in their provision of patient-centered care.

### General Objectives

- To provide an understanding of the pathophysiology, diagnostic dilemmas, and management of trauma patients and patients with common acute general surgical conditions.
- Opportunity will also be given to observe the management of complex trauma and surgical pathology.

# Elective: General Surgery – Gold Service, (Trauma and Acute Surgical Care Service)

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- Develop management skills of complex patients in a collaborative manner with other subspecialties.
- To learn effective communicative skills with patients, families and their caregivers regarding complex surgical cases.
- To understand the chronic nature of trauma and observe areas within our patient population that lead to this status.
- To provide care to trauma/acute surgical patients in a professional manner.

## Specific Skills

The clinical clerks will be able to:

- Demonstrate a basic knowledge of trauma resuscitation as outlined in the Advanced Trauma Life Support guidelines.
- Acquire a basic knowledge of the clinical assessment of patients with acute general surgical conditions, especially the acute abdomen.
- Become familiar with the indications for radiological imaging in trauma and acute general surgery.
- Develop communication skills in dealing with patients with trauma or acute surgical conditions, their relatives and all the members of the health team in the care of these patients.

## Technical Skills

- IV line insertion
- Skin suturing
- Foley catheter insertion
- Chest tube insertion

## Communicator

Physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

- Establish rapport, trust and a therapeutic relationship with patients and families.
- Listen effectively.
- Elicit relevant information and perspectives of patients, families, and the health care team.
- Convey relevant information and explanations to patients, families and the health care team.
- Convey effective oral and written information about a medical encounter.
- Maintain clear, accurate, appropriate, and timely records of clinical encounters and operative procedures
- Address challenging communication issues effectively
- Obtain informed consent
- Deliver bad news
  - Disclose adverse events
  - Discuss end-of-life care
  - Discuss organ donation
- Address anger, confusion and misunderstanding using a patient centered approach

# Elective: General Surgery – Gold Service, (Trauma and Acute Surgical Care Service)

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## **Collaborator**

Physicians effectively work within a healthcare team to achieve optimal patient care.

- Demonstrate a team approach to health care
- Participate effectively in an interprofessional and interdisciplinary health care team.
- Recognize and respect the diversity of roles, responsibilities, and competences of other health professionals in the management of the surgical patient.
- Work with others to assess, plan, provide, and integrate care of the surgical patient.

## **Leader**

Physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

- Employ information technology appropriately for patient care.
- Allocate finite health care resources appropriately

## **Health Advocate**

Physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations.

- Concern for the best interest of patients
- Identifying health needs of individual patients, and advocate for the patient in cases where appropriate
- Promote and participate in patient safety

## **Scholar**

Physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

- Demonstrate the ability for continuing self-learning
- Discuss the principles of surgery and the application of basic sciences to surgical treatment.
- Demonstrate appropriate presentation skills, including formal and informal presentations.
- 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.

## **Professional**

As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-Led regulation, and high personal standards of behaviour.

- Exhibit professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism.

# Elective: General Surgery – Gold Service, (Trauma and Acute Surgical Care Service)

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- Demonstrate a commitment to delivering the highest quality care.
  - Recognize and respond appropriately to ethical issues encountered in practice.
  - Recognize and respect patient confidentiality, privacy and autonomy.
  - Participation in peer review
  - Manage conflicts of interest
  - Maintain appropriate relations with patients.
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## INFORMATION

### Required Reading

Lawrence, *Essentials of General Surgery*, 3rd ed.

Chapters of particular relevance to this rotation include:

- Chapter 2 - Preoperative Medical Evaluation of Surgical Patients
- Chapter 3 - Fluid & Electrolytes
- Chapter 4 - Nutrition
- Chapter 5 - Surgical Bleeding & Blood Replacement
- Chapter 6 - Shock
- Chapter 7 - Wounds & Wound Healing
- Chapter 8 - Surgical Infections
- Chapter 9 - Trauma
- Chapter 10 - Burns
- Chapter 11 - Abdominal Wall, Including Hernia
- Chapter 12 - Esophagus
- Chapter 13 - Stomach & Duodenum
- Chapter 14 - Small Intestine & Appendix
- Chapter 15 - Colon, Rectum & Anus
- Chapter 16 - Biliary Tract
- Chapter 17 - Pancreas
- Chapter 18 - Liver
- Chapter 21 - Spleen
- Chapter 22 - Diseases Of The Vascular System
- Chapter 26 - Surgical Procedures, Techniques & Skills

### Suggested Reading:

C. Townsend, *Sabiston: Textbook of Surgery*

- Access via MD-Consult through the University of Manitoba libraries or cma.ca

Z. Cope and W. Silen, *Cope's Early Diagnosis of the Acute Abdomen*

R.F. Wilson, *Handbook of Trauma: Pitfalls and Pearls*

J.L. Cameron, *Current Surgical Therapy*

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## Teaching Unit

The Trauma and Acute Care Surgery ward and step-down unit is located on GD3 at the Health Sciences Centre. Depending on the caseload of emergencies, patients may also be admitted to other hospital wards, Surgical Intensive Care or the surgical step-down units.

## Call Responsibilities

- Students will be expected to do some night and week-end calls, up to the maximum of 1-in-4.
- Call is in-hospital.
- Students will be expected to see emergency and hospital consults to the Gold service
- Students on-call are always supervised by a resident.

## First Day Instructions

The student is to page the Gold service senior resident the day before the start of the rotation through hospital paging at 787-2071.

## Evaluations

Service Evaluation (by student) - Hand in at the end of rotation to Surgical Education Office

Student Evaluation (by Service) - Discuss with the preceptor towards end of rotation.

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## WARD ACTIVITIES

*These are examples of schedules, expectations, rotation details, etc. All the details below are subject to change.*

## Expectations

- Students will function under the supervision of the attending staff or his delegate (i.e. senior resident)
- Students should introduce themselves to the attending on-call for the Service at the beginning of their rotation.
- The end-of-rotation evaluation will be discussed with the student with the Service Chief.
- Students are expected to attend morning ward rounds, ambulatory clinics, major resuscitations, operations, academic rounds and they are expected to accompany the residents to emergency room consultations.
- Students will be expected to prepare at least one formal presentation during their rotation on a topic assigned by the day surgeons
- Students will be excused from Service activities to attend their tutorials.
- The Service evaluation form should be completed and returned to the Surgical Education Office at the end of the rotation.

# Elective: General Surgery – Gold Service, (Trauma and Acute Surgical Care Service)

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## Service Rounds

- Attending round at 8:00am every day.
- Out-Patient clinic on Tuesdays and Fridays at 10:00am to 12:00pm.
- Surgical Grand Rounds on Wednesdays at 7:30am, followed by Complications Round (9:00am to 10:00am).
- Daily teaching rounds