



GOALS & OBJECTIVES

PGY 1 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.

ANATOMICAL PATHOLOGY COMPONENT OF THE PGY 1 PROGRAM

INTRODUCTION

Undergraduate teaching and training do not, by themselves, prepare the student adequately for independent medical practice. The PGY 1 year is designed to advance and broaden the scope of clinical experience gained during clerkship. Our Anatomic Pathology residency training program generally requires all residents to gain this experience. A waiver for the PGY 1 year can be granted under special circumstances.

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:

To expand and consolidate the knowledge and clinical skills and abilities gained during clinical clerkship.

MEDICAL EXPERT

Provide an introductory exposure to mainly gross pathology and limited microscopic examination, observation and participation in Autopsy Pathology.

LABORATORY MEDICINE

This is a one month rotation offered at the General Hospital; time may be spent at St. Clare's as well. This will provide the residents an early exposure to the various disciplines of Laboratory Medicine. This is designed to achieve the following objectives:

Provide the resident with early skills and knowledge of grossing and microscopy.

Expose the resident to autopsy pathology, including the issues of consent.

COMMUNICATOR

Participation in weekly rounds
Interaction with the technical staff in the various laboratories

COLLABORATOR

Develop an appreciation of the Collaborator role of the Anatomic Pathologists with other laboratory disciplines and with clinical colleagues.

HEALTH ADVOCATE

Is knowledgeable of the impact the various diagnoses rendered in Anatomic Pathology will affect patients and families as a whole.

MANAGER

1. Develop an awareness of the laboratory management structure.
2. In still the importance of utilizing time wisely.

PROFESSIONAL

1. Interact professionally and collegially with peers, staff and technologists.

SCHOLAR

Actively participate in academic activities during the rotation.

MEDICAL ONCOLOGY

Specific Objectives for the Anatomical Pathology PGY 1s

MEDICAL EXPERT

1. Perform an appropriate history and physical examination of patients with confirmed or suspected malignancy.
2. Formulate a clear, concise differential diagnosis and management plan.
3. Develop a broad knowledge of the epidemiology of the common malignancies, with an emphasis on recognizing modifiable risk factors.
4. Have an appropriate understanding of the pathophysiologic mechanisms underlying neoplastic transformation.
5. Understand the clinical presentation of various malignancies and the appropriate diagnosis, staging, treatment and follow-up of these cancers. Specifically, trainees should appreciate how a Medical Oncologist utilizes pathological information to formulate a treatment plan for these patients.
6. Understand the various investigations that can be used in the diagnosis of malignancy in addition to screening and prevention methods for different cancers.
7. Recognize diagnosis and treatment of common associated conditions with various malignancies, such as hypercalcemia, SIADH, and para-neoplastic syndromes as well as emergencies that may arise due to malignancy.
8. Recognize available systemic treatment options for the most common malignancies. Understand the goals of these therapies in the context of neoadjuvant, adjuvant and palliative treatment. Trainees should appreciate both the clinical and pathological consequences of systemic therapy.
9. Understand the role of other therapies for various malignancies including surgical resection and radiation therapy, for both curative and palliative intent.
10. Understand the common complications of systemic treatment (chemotherapy, targeted agents and endocrine therapy) and their management. Have knowledge of the emergency management of acute systemic therapy reactions.
11. Understand fundamentals of pain management in cancer patients (including pain crisis) and learn how to use opiates through various routes of administration. Recognize the role of palliative care in patients with advanced malignancies.
12. Understand the role of clinical trials in the development of new diagnostic tools and therapies in cancer care.

COMMUNICATOR

1. Documents the history, physical examination and progress clearly and concisely in the medical record.
2. Verbal and oral presentations are accurate, systematic and complete.
3. Develops a therapeutic relationship with the patient and family to facilitate good understanding of the patient's condition, prognosis, and the management plan.
4. Communicates openly and clearly with patients and families while showing compassion and empathy.
5. Demonstrates ability to discuss informed consent, disclosure of adverse events and participate in discussions regarding prognosis and end of life care.
6. Communicates effectively as a member of the interdisciplinary team.

COLLABORATOR

1. Appreciates the contributions of members of the health care team and knowledge of when to consult with other specialists regarding care of an oncology patient.
2. Participates effectively and appropriately in an inter-professional health care team while providing optimal care to the oncology patient. In particular, works closely with colleagues from radiation oncology, surgical oncology and pain and symptom management as well as social work, nutrition and pharmacy.
3. Effectively deals with end of life issues in this patient population.
4. Present cases to multidisciplinary tumor board rounds as appropriate.

MANAGER

1. Effectively engage members of the health care team to optimize patient care.
2. Demonstrate appropriate use of diagnostic tests, therapies, and other health care resources in the care of patients. Able to distinguish need for aggressive diagnostics and therapy in patients with curative intent from need for conservative/comfort measures for patients with palliative intent.
3. Demonstrate the ability to prioritize responsibilities and manage time effectively.
4. Understand what resources are available to patients and their families both within the Cancer Care Program and the community.

HEALTH ADVOCATE

1. Recognize the psychosocial impacts of cancer on patients and their families.
2. Act as an advocate for patients to having access to optimal care, including novel therapies, if appropriate.
3. Identify and address determinants of health as they pertain to cancer. Where appropriate, work with patients to modify behavior to reduce risk of malignancy

SCHOLAR

1. Demonstrates a commitment to self-directed learning.
2. Reviews the literature and effectively appraises literature of relevance to clinical decisions.
3. Seeks feedback from Medical Oncologists regarding the learning goals and progress to date.
4. Facilitate learning of patients and their families regarding the diagnosis and treatment plan.
5. Effectively teach and delegate responsibility to junior house-staff and medical students.

PROFESSIONAL

1. Demonstrates a commitment to ethical practice by showing respect and compassion for all patients and their families.
2. Display appropriate skills as a consultant.
3. Respect patient autonomy and recognize the central role of patients in guiding management decisions.
4. Demonstrates a commitment to physician health and sustainable practice.

These objectives will be acquired by the following methods:

1. Attendance in oncology outpatient clinics.
2. Assessment of inpatients on other services consulted to Medical Oncology.
3. Direct interaction with attending Oncologists and discussion of patients on a case by case basis.
4. Attendance at weekly ward rounds and weekly multidisciplinary general tumour board rounds, bimonthly oncology grand rounds and one other disease site rounds (i.e. Lung, GI, CNS, GU).
5. Literature review and appraisal of relevant literature concerning selected topics.
6. Interaction with other members of the healthcare team.

These objectives will be evaluated by the following methods:

1. The trainee's knowledge base, clinical skills and attitude will be continually observed during clinics and the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated. The accuracy of history taking and physical findings will be assessed in two ways:
 - a. By confirming the findings reported in the oral or written case reports.
 - b. By direct observation of the trainee during performance of a witnessed complete or partial history and physical examination.
3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves as to the diagnosis and management of a specific problem prior to them receiving input from the attending oncologist.
4. Monitoring of attendance at rounds and tumor board.
5. Professional attributes, such as communication skills, teaching skills, and interpersonal relations will be assessed on an ongoing basis by observing the trainee interactions with other members of the healthcare team. The attending staff may seek opinions from other members of the healthcare team concerning these aspects of the evaluation.
6. In-training evaluation reports (ITERs)
7. Direct observation of performance of procedures.

Responsibilities of Trainee

1. Attendance in six half-day clinics at the Dr. H. Bliss Murphy Cancer Centre including at least two new patient clinics.
2. Attendance in Medical Oncology Ward Rounds Tuesday mornings 9:00 – 11:00 a.m. starting on 4NA.
3. Attendance at the Multidisciplinary Tumor Board Rounds. Trainee must attend one other oncology session each week. Schedule will be provided at beginning of rotation.
4. Attendance at weekly ward rounds and weekly multidisciplinary general tumour board rounds, bimonthly oncology grand rounds and one other disease site rounds (i.e. Lung, GI, CNS, GU).
5. Literature review and appraisal of relevant literature concerning selected topics.
6. Interaction with other members of the healthcare team.

EMERGENCY COMPONENT OF THE PGY 1 PROGRAM

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 1s

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 1s

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

Specific Objectives for General Surgery PGY 1s

1. Participate in trauma codes under supervision.
2. Manage with supervision surgical complications that present to Emergency.

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.

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.

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 1 PROGRAM

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 1 program. During the PGY 1 year, clinical experience should be offered on a broader and more advanced level than the one gained during clerkship.

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:
 - ambulatory care
 - emergency care
 - 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 1s

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 1s

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.
3. To become familiar with the resuscitation of critically-ill medical patients.

Specific Objectives for General Surgery PGY 1s

1. To identify and manage co-morbidities that will impact surgery patients.

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:
 - myocardial infarction
 - angina
 - congestive heart failure
 - bronchial asthma, exacerbation of chronic obstructive lung disease
 - cardiac arrhythmias and cardiac arrest
 - cerebrovascular accidents
 - drug overdose and poisoning
 - DVT/pulmonary embolism
 - gastro-intestinal bleeding/peptic ulcer disease
 - diabetes/hypoglycemia
 - hypertension
 - common infections such as pneumonia, cystitis and pyonephritis
 - altered level of consciousness
 - acid base, fluid and electrolyte balance
 - anemias
 - jaundice
 - obesity
 - seizure disorders
 - degenerative and rheumatoid arthritis
 - Parkinson's disease
 - tuberculosis
 - bleeding disorders
 - sexually transmitted diseases
 - myxedema and thyrotoxicosis
 - peripheral vascular disease
 - gout
 - dementia
 - acute and chronic renal failure
 - aging and its influence on presentation, diagnosis and management
 - headache
 - 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
 - insertion and management of intravenous lines
 - an arterial blood gas
 - an electrocardiogram
 - bladder catheterization
 - 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.

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 four subspecialty services, cardiology and neurology, haematology and medical oncology. Each general medical service is comprised most often of attending physicians, one resident, one PGY 1 trainee and one clerk. Residents undergoing specialty experience, elective trainees and elective clerks may also be attached to the units. All four general internal medicine clinical teaching units admit general medical patients from emergency on a rotating basis. However, each unit also has certain subspecialty interests. The attending physicians on clinical training unit (CTU) I are nephrologists. The attending physicians on CTU II are respirologists. The attending physicians on CTU III are general internists. The attending physicians on CTU IV are gastroenterologists and endocrinologists. All of these subspecialty 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.

ORIENTATION

PGY 1 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 analyse 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.

EVALUATION

This is an on-going 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 1 co-ordinator so that appropriate action may be taken.

OBSTETRICS & GYNECOLOGY COMPONENT OF THE PGY 1 PROGRAM

INTRODUCTION

The PGY 1 trainee will spend one to three 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 PGY 1 trainee is assigned to a junior obstetrics ward rotation consisting of several attending staff physicians, a resident and a clinical clerk. This will provide experience with inpatient antenatal and postnatal care. Additional responsibilities will include attendance in the gynecology O.R. suite and assistance with postoperative care as needed. There will also be ample opportunity to participate in ambulatory clinics and labour and delivery experiences.

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.

Specific Objectives for the Anatomical Pathology PGY 1s

An appreciation of the clinical presentation and management of common benign and malignant gynecologic pathologies will enhance the resident's knowledge of the impact of a pathologic diagnosis on patient care.

1. Outline the common clinical presentations of patients with gynecologic malignancies including cervical, endometrial, ovarian, fallopian tube, pelvic/serous and vulvar carcinomas.
2. Describe the macroscopic/operative features of common gynecologic conditions including but not limited to leiomyomas, hydrosalpinx, endometriosis, ovarian and fallopian tube mass lesions, endometrial carcinoma, cervical carcinoma, lichen sclerosus, vulvar cysts and vulvar carcinoma.
3. Describe the types of transformation zones seen at colposcopy.
4. Describe the colposcopic features of LSIL, HSIL and superficially invasive carcinoma of cervix.
5. Outline the technical limitations sometimes encountered in the collection of gynecologic specimens such as endocervical curettage, LEEP cone biopsies, vulvar resections and omental biopsies and explain limitations of the pathology report which may result.
6. List critical features of tumor pathology synoptic reporting in gynecology and develop an

appreciation of the impact they may have on patient prognosis and management (eg LVI, depth of myometrial invasion in endometrial carcinoma).

To achieve these objectives the resident is expected, at the discretion of the supervising gynecologist to:

1. Follow patients from admission to discharge and do gynecologic ward work/on call (gynecology only).
2. Attend OR's for oncologic and on occasion non-oncology gynecologic cases.
3. Follow the above patient specimens in the Pathology department, if time permits attending the case from grossing to microscopic reporting.
4. Attend follow-up and chemotherapy clinics.
5. Attend colposcopy.
6. Pursue a short research or education project which could be presented to gynecology and pathology residents and staff.

Specific Objectives for Anesthesia PGY 1s

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 the anesthesia staff.
3. To observe the preparation of epidurals in both labouring patients and those undergoing caesarean section.
4. To learn the contraindications for regional anesthesia in the parturient.
5. To participate in the birthing process and the delivery of the newborn.
6. To become familiar with the management of medically complex parturient.

Specific Objectives for Diagnostic Radiology PGY 1s

In addition to the core objectives provided below, diagnostic radiology residents are expected to meet discipline specific objectives. These objectives follow the obstetrics-gynecology summary.

Specific Objectives for Obstetrics and Gynecology PGY 1s

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 assess the progress of labour and recognize deviations from normal.
3. To demonstrate an understanding of the indications for use of fetal monitors and recognize basic

abnormal patterns.

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

Specific Objectives for Psychiatry PGY 1s

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.

MEDICAL EXPERT

Knowledge:

Obstetrics

1. To demonstrate knowledge of the normal progress of pregnancy, specifically antenatal testing (MSS, amino 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 haemorrhage, 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 gynaecological 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.
4. Anesthesia specific – To become familiar with the management and resuscitation of the critically ill gynaecological patient, e.g. ruptured ectopic pregnancy, postoperative haemorrhage.

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 postpartum 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:
 - counselling patients with specific medical problems with regard to their outcome in pregnancy and optimizing their status prior to conception.
 - counselling a pregnant patient in matters of family involvement, nutrition activity and medication throughout the pregnancy.
 - counselling for sterilization.
 - counselling with regard to continuation or termination of pregnancy.

6. To complete written documentation clearly and effectively in a timely manner.
7. Anesthesia specific – To observe and participate in the multidisciplinary care team during labour and delivery.

COLLABORATOR

1. To know and respect the appropriate roles 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.

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 PGY 1 trainee will be a member of the junior obstetrics 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 dependent 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 an 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 from 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 O.R. 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. C. Cook

Murph (**REI**)

Drs. L. Dawson/C. Popadiuk/P. Power (**Gyne Oncology**)

Drs. T. Delaney/J. Crane (**MFM**)

Gynecology)

Drs. A. Gill/T. Strand (**Urogynecology**)

Dr. E. Fowler

Dr. H. Kravitz

Dr. R. Kennedy

Dr. C. Ferguson

Drs. T. O'Grady/S. Healey/D. Murphy/S.

Dr. C. Pike

Dr. K. Bajzak (**Chronic Pain/MI**)

Dr. C. Holden

Dr. K. Brown

Dr. J. White

Dr. J. Marks (**MI Gynecology**)

SUMMARY

The obstetrical and gynecological program for PGY 1 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.

The morbidity index shown in the appendix includes all, or nearly all, the diseases and diagnoses that are of major importance to the family practitioner. The items relevant to obstetrics and gynecology will be readily identified.

Specific Objectives for Diagnostic Radiology PGY 1s

Overall Goal:

This rotation in Obstetrics and Gynecology is designed to expose the BCT resident to common problems encountered in the prepartum, intrapartum and postpartum patient. The resident will further enhance their skills in the assessment, diagnosis and management of the fetus and female patient population.

MEDICAL EXPERT

Knowledge:

1. Demonstrates basic interpretation skills fetal monitoring.
2. Demonstrate working knowledge of normal female and fetal development.
3. Understands the complications of pregnancy and their initial emergency management and need for referral/consultation, including the first, second and third trimester.
4. Demonstrates basic knowledge of indications and utility of imaging in the assessment of normal pregnancy and high risk patients.

Skills:

1. Assess and write appropriate orders for low risk antepartum, intrapartum and postpartum patients.
2. Assess and manage common post-operative/post-delivery problems and initiate the workup/therapy in more complex situations with supervision.
3. Assess and manage common gynaecologic problems presenting to Emergency and out-patient office.

COMMUNICATOR

1. Establishes a therapeutic relationship and professional rapport with patients and families.
2. Formulates and completes clear, concise, legible and timely problem-oriented written/dictated consultation notes and discharge summaries.

3. Able to communicate effectively with patients, families and health care team members.
4. Can obtain an informed consent.
5. Provides clear instructions and checks whether the patient/family understands.
6. Verbally presents the patient's problems clearly, concisely and correctly in the clinical setting.

COLLABORATOR

1. Interacts and collaborates effectively with other physicians, health professionals and team members, recognizing their roles, responsibilities and expertise.
2. Able to request and provide consultations with clear understanding of questions being asked.
3. Takes on appropriate share of team assignments and assists others as required.

HEALTH ADVOCATE

1. Identifies the important determinants of health affecting patients.
2. Recognizes and responds to patient care issues where patient advocacy is appropriate, including within the treatment team and outside services/agencies.
3. Recognizes impact of societal factors on patient health (housing etc.)
4. To promptly formulate and establish assessment/therapeutic endpoints.

MANAGER

1. Utilizes health care resources effectively to balance patient care, learning needs and outside activities.
2. Utilizes information technology to optimize patient care and life-long learning.
3. Displays organizational skills with effective time-management
4. Identifies and addresses issues related to discharge planning.
5. Able to set urgency priorities with respect to referrals.

PROFESSIONAL

1. Practices medicine ethically, demonstrating integrity, honesty and compassion.
2. Recognizes limitations and seeks advice and consultation when needed.
3. Discharges duties and assignments dependably and in a timely fashion.
4. Maintains appropriate boundaries in work and learning situations.

5. Respects diversity of race, gender, disability intelligence and socio-economic status.

SCHOLAR

1. Develops, implements and monitors a personal continuing education strategy that includes the ability to critically appraise the literature.
2. Develops teaching skills that facilitate the learning of his/her patients and peers; uses opportunities to teach and supervise medical students.
3. Attends and contributes to rounds and other learning events.
4. Accepts and acts on constructive feedback, developing a plan to correct gaps in knowledge and skills.

SPECIFIC TECHNIQUES

Completely perform the following procedures:

1. Abdominal and vaginal assessment of a laboring patient
2. Uncomplicated vaginal delivery (supervised)
3. Assist a cesarean section
4. Speculum exam (with PAP smear) and bimanual exam

PEDIATRIC COMPONENT OF THE PGY 1 PROGRAM

INTRODUCTION

The PGY 1 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.

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 1s

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

Specific Objectives for Anesthesia PGY 1s

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.

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 support and information.

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.

RESOURCES AVAILABLE TO ASSIST THE PGY 1 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 1 trainee) and 30,000 are seen in clinics that include ENT, Orthopedics, Developmental, Neurology, Nephrology, etc.

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.

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 1 PROGRAM

INTRODUCTION

Mental illness is a frequently encountered clinical concern in primary care and psychiatric disorders can complicate care and affect course of illness in other specialities as well. During the PGY 1 program, clinical experience will be offered on a broader and more advanced level that will build on the competencies achieved during the clerkship.

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 necessary for physicians in other areas of medicine. These include the ability to collaborate 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 in:
 - a. consultation-liaison psychiatry,
 - b. crisis management and emergency psychiatry
3. To increase the trainee's knowledge of, ability to recognize and ability to manage the interaction 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.

Specific Objectives for Anesthesia PGY 1s

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.
3. To become familiar with the diagnosis and management of perioperative delirium.
4. When available, to become familiar with the diagnosis and management of drug addiction.

Specific Objectives for Psychiatry PGY 1s

Three-Month Emergency/Short Stay Adult Psychiatry Rotation

Emergency/Urgent Adult Psychiatry Sub-Rotation

PGY 1 psychiatry residents spend three months of training in emergency/urgent psychiatry at Waterford Hospital Psychiatry Assessment Unit/Short Stay Unit (PAU/SSU) under the direct supervision of staff psychiatrists. There, junior residents will reach their educational objectives through direct assessment and management of acutely-presenting mentally ill adults, under the direct supervision of faculty affiliated staff psychiatrists. The junior residents will meet with the site educational coordinator at the beginning of the rotation to review the site educational objectives.

The Waterford Hospital Psychiatric Assessment Unit (PAU) is a multidisciplinary unit which is devoted to the assessment, immediate management and disposition of adults presenting with a variety of mental disorders/crises in an emergency/urgent setting. Patients are usually initially assessed by a psychiatric nurse who acts as a triage officer. Depending on the nature of the patient's presenting problem, the psychiatric nurse will manage the patient's problem himself/herself, consult another mental health professional such as a social worker or consult the general practitioner/family physician on duty, who acts as a casualty officer. The general practitioner/family physician, in turn, will assess the patient and, depending on the patient's underlying problems, will either manage the patient himself/herself or refer the patient to the psychiatrist on call. Patients whose medical status is questionable are referred to another emergency department for "medical clearance" before being referred to the psychiatrist.

The Waterford Hospital Short Stay Unit (SSU) is a seven bed short stay inpatient unit devoted to the assessment and management of a variety of patients needing short-term but not longer-term hospitalization. The maximum length of stay is intended to be no more than three working days (excluding Saturdays, Sundays and holidays). The SSU is an interprofessional unit consisting of staff from several disciplines including psychiatry, general medicine, psychiatric nursing and social work. It can access the services of the Waterford inpatient psychologist.

The psychiatry resident will be an active participant in both the multidisciplinary staff of the PAU and the interprofessional staff of the SSU. As part of the multidisciplinary staff of the PAU, under the supervision of the psychiatrist on call for the emergency psychiatrist on duty, the resident will conduct the assessment, initial management and, where appropriate, disposition of patients presenting to the PAU who the general practitioner on duty refers to the psychiatrist. Under the supervision of the psychiatrist on call or the emergency psychiatrist on duty, the resident will also conduct the assessment, initial management and, where appropriate, disposition of patients referred to the PAU by general practitioners and/or other physicians who are accepted as "direct consults" by the psychiatrist on call. The resident will also supervise junior housestaff in their assessment, initial management and where appropriate disposition of other patients presenting to the PAU, either as "direct consults" or when referred to psychiatry by the general practitioner on duty.

As an active participant in the interprofessional staff of the SSU, under the supervision of the attending psychiatrist, the resident will be involved in the ongoing assessment, management and disposition of patients who are admitted to the SSU. He/she will participate in daily SSU rounds where each patient is reviewed by the interprofessional team and is interviewed by that team.

The normal working day during this sub rotation will begin at 8am and will end at 4pm or after the day's work has been accomplished. The resident will normally be relieved by the resident on call for the day at approximately 4pm.

An approximate daily schedule runs as follows:

0800 hrs - 0900 hrs: Emergency Handover Rounds at Dr. Noble's office

0930 hrs - 1200 hrs: Short Stay Rounds

1200 hrs - 1300 hrs: Lunch Break

1300 hrs - 1600 hrs: Assessment and management of patients presenting to the PAU and of patients in the SSU.

MEDICAL EXPERT

Knowledge the resident, at the end of this rotation, should understand:

1. Nosology, epidemiology, etiology, of general psychiatric illness presenting in an emergency/urgent adult setting.
2. The diagnosis of general adult psychiatric illnesses, according to the DSM-IV criteria.
3. Principles of psychotherapy related to adult emergency/urgent psychiatry particularly, but not limited to, crisis intervention.
4. The basic principles of psychopharmacology and its appropriate applications.
5. The basic sciences as applied to general adult psychiatric illnesses, as well as its application to psychopharmacology.
6. The biopsychosocial factors involved in clinical situations in emergency/urgent adult psychiatry and the interaction of these factors involved in the etiology, prognosis, management and course of these illnesses.
7. Health care regulations regarding the Mental Health Care and Treatment Act, Dependent Adults Act, and relevant sections of the Criminal Code of Canada.
8. Ethical considerations relevant to specific clinical scenarios such as patient confidentiality, informed consent.
9. The general principles of general medicine and their interaction with general adult psychiatric illnesses.
10. Understand and recognize personal limits of expertise.
11. Apply knowledge and expertise to the performance of technical skills relevant to emergency/urgent adult psychiatry.

Skills:

At the end of training on this rotation the resident should be able to show competency in the following skills:

1. The resident should be able to show effective interviewing skills as appropriate to an emergency setting. He/she should be able to take a comprehensive psychiatric history, mental status exam and perform a thorough physical exam on patients in an emergency/urgent adult psychiatric setting.

The interviewing technique of the resident should illustrate:

- appropriate rapport with patients
 - good listening skills and ability to ask open-ended questions
 - appropriate organization of the interview
 - comprehensiveness
 - flexibility
 - appropriate content
2. The resident should be able to present their findings in a concise and comprehensive fashion.
 3. The resident should be able to diagnosis all basic disorders as presented within the emergency/urgent adult psychiatry setting, showing good mastery of the DSM-IV terminology and criteria.
 4. The resident should also frame their diagnoses in a biopsychosocial framework.
 5. The resident should show appropriate use of diagnostic investigations.
 6. The resident should show appropriate risk assessments in clinical situations such as suicide, violence, abuse to self or others, and substance abuse and management of same.
 7. The resident should be able to show mastery of the basic psychotherapy techniques, particularly but not limited to crisis intervention.
 8. The resident should be able to set appropriate professional limits and boundaries.
 9. The resident should be able to manage stress and remain calm and act in an appropriate and professional manner.
 10. The resident must record clinical findings appropriately and timely, and complete medical records in a responsible and timely fashion.
 11. The resident should be able understand how to apply the logistics of the Mental Health Care and Treatment Act appropriately. (Unfortunately, due to legal constraints, at present residents cannot apply the Mental Health Care and Treatment Act.)
 12. The resident should implement techniques of non-violent crisis intervention if appropriate.

COMMUNICATOR

The resident should show skill and mastery of the following components:

1. Listen effectively.
2. Show empathy and respect to patients, take into consideration issues such as age, gender, race, intellectual level and special needs.
3. Make clear, comprehensive and concise notes.

4. Compose informative reports in a timely and professional manner.
5. Communicate appropriately and effectively with other team members and community agencies when necessary.
6. Communicate appropriately with supervisors and colleagues in a professional and ethical manner.
7. Effectively convey to medical colleagues pertinent information and opinion.

COLLABORATOR

The resident should be able to:

1. Effectively consult and collaborate with other physicians and health care professionals.
2. Effectively contribute to other interdisciplinary team activities, recognize team members' expertise and show respect for their opinions and roles.
3. Work effectively with patients' families and other support networks.
4. Effectively collaborate with the family physician when appropriate to ensure appropriate shared care and continuity of care.

MANAGER

The resident should show competency in:

1. Utilization of health care resources in an efficient and conscientious manner.
2. Manage patients' inpatient care efficiently, keeping in mind all psychosocial aspects of care.
3. Act as team leader when necessary and appropriate.
4. Effective time management.
5. Effectively utilize information technology to optimize patient care and continued self-learning.

SCHOLAR

1. Residents should show interest in learning and take advantage of all teaching opportunities available.
2. Actively participate in all appropriate educational activities.
3. Actively read around cases.
4. Actively contribute to the teaching of fellow residents, clinical clerks and interns and other health professionals.
5. Actively seek opportunities to teach others and do so in a skillful way.

HEALTH ADVOCATE

The resident should show mastery in his or her ability to:

1. Identify the determinants of health that affect patients in the emergency/urgent adult psychiatry setting and be able to address these in order to be effectively contributing to improving the individual's health.
2. Possess an awareness of governance structures in mental health care.

PROFESSIONAL

At the end of the rotation the resident should be able to:

1. Deliver the highest quality of care available to patients in the emergency/urgent adult psychiatry setting with integrity, honesty and compassion.
2. Exhibit appropriate personal and interpersonal professional behaviours with staff, colleagues, patients and families.
3. Respect the privacy and confidentiality involved in patient care. All residents should be reminded to be aware of responsibilities of turnover of patient care during times of anticipated periods of leave. During these times the resident should leave a brief clinical summary note on the chart, and transfer patients either to colleagues, or to appropriate staff persons. The logistics of this issue should be worked out with the site.
4. Residents will be supervised on a daily basis by attending staff psychiatrists and should have interviewing techniques witnessed on a regular basis to provide appropriate feedback. Residents are expected to conduct themselves in a professional and ethical manner in order to provide the highest quality of health care to their patients.

GENERAL OBJECTIVES FOR ALL PGY 1S

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 biological determinants of major mental disorders, including their possible interactions with other medical illnesses.
3. To demonstrate appreciation for the psychological, familial, cultural and other 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:
 - physical treatment, including the use of anxiolytics, antidepressants, ECT, and antipsychotics, forms of psychotherapy
 - formal and informal community support systems, and

- criteria for involuntary confinement and restraint

Skills:

1. To demonstrate the ability to 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. In particular, trainees must demonstrate a competent and safe assessment of suicide risk.
4. To implement an appropriate treatment plan, taking into account:
 - the diagnosis,
 - the urgency of the situation, and
 - 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.

ROTATION

The rotation through psychiatry will extend over a four-week period. Residents from other disciplines will work with the **Consultation Liaison** service which sees patients admitted to other medical services who have psychiatric concerns. This rotation will allow residents to gain competencies in common presentations encountered on other services, such as delirium. Generally, this rotation is completed at the Health Sciences Centre, but a resident may be placed at St. Clare's Mercy Hospital.

PGY 1 residents in Psychiatry will spend one (1) block on the Short Stay unit and two (2) blocks on the Psychiatric Assessment unit, both located at the Waterford Hospital. They will also spend four (4) weeks on an acute care unit of the Waterford Hospital, E3A.

ON-CALL RESPONSIBILITIES

Residents on rotations in Psychiatry carry out on-call duties at the Psychiatric Assessment Unit (PAU) of the Waterford Hospital. This is home call and shifts are scheduled from 8:00 a.m. to 8:00 a.m. the following day. The Psychiatric Assessment Unit is the centralized psychiatric emergency service for Eastern Health servicing the St. John's area as well many centres throughout the region. PGY 1 residents from other disciplines do "paired call" with a more senior psychiatry resident who can provide teaching and guidance, particularly in complex cases. Residents beginning their psychiatry rotation will have an orientation to the Waterford Hospital, which includes the location and access information for the PAU. Incoming residents will also be provided with a copy of the on-call clinical presentations common to the psychiatric emergency service.

PROCEDURE

Residents beginning a rotation in psychiatry will be contact in advice by the co-administrative resident about the call schedule and by the office of PGME regarding an orientation to the Waterford Hospital. The Consultation Liaison rotation is coordinated between PGME and the office Dr. Colleen Walsh (777-8665), who will expect the resident in the outpatient psychiatry department of HSC at 8:00 a.m. on the first day of the assigned rotation or as soon as allowed by any scheduled orientation. Should any resident encounter any difficulties or questions, the Program Director, Dr. Noble can be contacted at 777-3640.

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 1 co-ordinator for psychiatry and the office of Postgraduate Medical Education.

GERIATRIC PSYCHIATRY ELECTIVE

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 ELECTIVE

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 ELECTIVE (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 1 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.

EVALUATIONS

Trainees will be evaluated on competencies of core goals and objectives. Inter-professional feedback is often sought by clinical supervisors in completing these evaluations.

SURGERY COMPONENT OF PGY 1 PROGRAM

PGY 1 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.

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 1s

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 1 is on O.R. duty is expected.

Specific Objectives for Anesthesia PGY 1s

1. To understand how to optimize a patient's condition prior to the O.R. 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.
4. To become familiar with the management of the medically complex surgical patient.
5. To become familiar with the resuscitation and management of the critically ill surgical patient.

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 endpoints.
4. To know and utilize lay organizations designed to assist patients with special problems, e.g., carcinoma of the breast, ostomies, etc.
5. Have 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.

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 1 co-ordinator that the only experience of no value to a PGY 1 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.

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 1 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. L. Bohacek	Dr. M. Hogan	Dr. D. Pace
Dr. D. Boone	Dr. M. Mathieson	Dr. M. Wells

Resources

The six general surgeons are full-time University professors. The PGY 1 trainee is expected to attend the General Surgery clinics.

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 oriented to participatory teaching of the housestaff and surgeons.
2. Surgical resident seminars are Friday afternoons at 1400-1730 hours. These sessions are mandatory for General Surgery residents but any PGY 1 trainee is welcome to attend, and are usually held at the Health Sciences Centre, 2J618.
3. There is a schedule for clinical clerk teaching done a weekly basis and PGY 1 trainees are welcome to attend.
4. Surgical Foundation rounds are on Wednesdays at 1630 hours (didactic sessions) and Tuesdays at 1630 (clinical skills and anatomy). 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 PGY 1 and 2 residents in general surgery, orthopaedic surgery and obstetrics-gynecology.
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 surgical.education@med.mun.ca. While PGY 1s 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. To 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 COMPONENT OF PGY 1 PROGRAM

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. K. Au	Dr. C. Moores	Dr. D. Squire	Dr. R. Martin
Dr. A. Furey	Dr. F. O'Dea	Dr. C. Stone	
Dr. G. Hogan	Dr. P. Rockwood	Dr. W. Moores	

Medical Expert/Clinical Decision-Maker

1. Specialists possess a defined body of knowledge and procedural skills, which are used to collect and interpret data, make appropriate clinical decisions, and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise. Their care is characterized by up-to-date and whenever possible evidence-based, ethical, and cost-effective clinical practice and effective communication in partnership with patients, other health care providers, and the community. They arrange for the appropriate investigations recognizing the rationale, the strengths and limitations of each as well as the cost implications.
2. The overall objective of this rotation is to equip the trainee with the skills, knowledge, and attitudes of orthopedic surgery that would be of help to the non-orthopedist. These skills and knowledge should help expand and consolidate what was learned during clerkship.

Knowledge:

1. To demonstrate knowledge of common fractures
2. To understand the role of orthopedics in the poly trauma patient
3. To understand the diagnosis and management of compartment syndrome
4. To be able to manage an open fracture

Skills:

1. To be able to apply a cast
2. To be able to describe a fracture

COMMUNICATOR

1. To provide humane, high-quality care, specialists establish effective relationships with patients, other physicians, and other health professionals. Communication skills are essential for the functioning of a specialist, and are necessary for obtaining information from, and conveying information to patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns, and expectations about their illnesses, and for assessing key factors impacting on patients' health.
2. During this rotation, communication skills should improve by the frequent interactions with patients, family members, nurses, staff physicians, and other consultants.

General Requirements

- a. Establish therapeutic relationships with patients'/families.
- b. Obtain and synthesize relevant history from patients/families/communities.
- c. Listen effectively.
- d. Discuss appropriate information with patients/families and the health care team.

Collaborator

1. Specialists work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. It is therefore essential for specialists to be able to collaborate effectively with patients and a multidisciplinary team of expert health professionals for provision of optimal patient care, education, and research.
2. During this rotation, the trainee will be required to frequently collaborate with other specialists and learn early on the importance of this collaboration.

General Requirements

- a. Consult effectively with other physicians and health care professions.
- b. Contribute effectively to other interdisciplinary team activities.

MANAGER

1. Specialists function as MANAGERS when they make everyday practice decisions involving resources, co-workers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context of the health care system. Thus, specialists require the abilities to prioritize and effectively execute tasks through teamwork with colleagues, and make systematic decisions when allocating finite health care resources. As MANAGERS, specialists take on positions of leadership within the context of professional organizations and the dynamic Canadian health care system.
2. During this rotation, the trainee will learn how to manage time and coordinate the care of a number of patients simultaneously.

General Requirements

- a. Utilize resources effectively to balance patient care, learning needs, and outside activities.
- b. Allocate finite health care resources wisely.
- c. Work effectively and efficiently in a health care organization.
- d. Utilize information technology to optimize patient care, life-long learning and other activities.

Health Advocate

1. Specialists recognize the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of patients and society. They recognize advocacy as an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of specialist physicians in influencing public health and safety.

General Requirements

- a. Identify the important determinants of health affecting patients.
- b. Contribute effectively to improved health of patients and communities.
- c. Recognize and respond to those issues where advocacy is appropriate.

SCHOLAR

1. During this rotation, the trainee will be expected to appreciate the role that scientific research plays in improving patient care.

PROFESSIONAL

1. Specialists have a unique societal role as professionals with a distinct body of knowledge, skills, and attitudes dedicated to improving the health and well-being of others. Specialists are committed to the highest standards of excellence in clinical care and ethical conduct, and to continually perfecting mastery of their discipline.

General Requirements

- a. Deliver highest quality care with integrity, honesty and compassion.
- b. Exhibit appropriate personal and interpersonal professional behaviours

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. D. Harvey Dr. G. Duffy Dr. R. Hewitt
Dr. D. Drover Dr. C. French

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 sessions 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 1400 - 1730 hours. These sessions are mandatory for General Surgery residents but any PGY 1 trainee is welcome to attend, and are usually held in 2J618 at the Health Sciences Centre.
4. There is a schedule for clinical clerk teaching done on a weekly basis and PGY 1 trainees are welcome to attend.
5. Surgical Foundation rounds are on Wednesdays at 1630 hours (didactic sessions) and Tuesdays at 1630 (clinical skills and anatomy). 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 PGY 1 and II residents in general surgery, orthopaedic surgery and obstetrics-gynecology.

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 surgical.education@med.mun.ca. While PGY 1s are on a General Surgery rotation, the rounds they are expected to attend should be on their One45 calendar.

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	Dr. C. Smith	
Team B (General)	Dr. C. Cox	Dr. T. Thavanathan	Dr. M. Wells	
Team C (Thoracic)	Dr. P. Gardiner	Dr. C. Mann	Dr. C. Russell	
Team D (Vascular)	Dr. G. Browne	Dr. D. Heneghan	Dr. D. Harrington	Dr. K. Melvin

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. S. Seal
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.

Aims

1. Define the principles of investigation and management of infants and children requiring surgical treatment.
2. Gain practical experience in the assessment, management and indications for surgical treatment of common pediatric conditions.
3. Learn to perform certain pediatric surgical procedures.
4. Learn the principles of decision making regarding the timing of surgery, the preparation and transport to a pediatric surgical centre of neonates requiring correction of congenital anomalies and infants and children with other complex pediatric surgical problems.

Objectives

1. During the rotation, the resident will learn:
 - a. Principles of: Pre and post-operative care, fluid therapy, nutrition and metabolism, wound care, investigation of surgical conditions in infants and children.
 - b. Principles, Assessment and Indications for Operation in: Acute abdominal pain, intestinal obstruction, vomiting, G.I. bleeding, blunt abdominal trauma, multiple injuries, pulmonary diseases, head, neck and skin lesions, solid tumours, acute groin and scrotal lesions.
 - c. Principles, Assessment and Operative Treatment of: Appendicitis, inguinal hernia (< 1 year), undescended testicle, pyloric stenosis, intussusception, soft tissue injury, inflammatory lesions of skin, subcutaneous tissue and lymph nodes, foreign bodies of skin and subcutaneous lesions, cardiopulmonary resuscitation.
 - d. Operative Procedures: Have performed the following: Laparotomy, appendectomy, inguinal herniorrhaphy (< 1 year), pyloromyotomy, Gastrostomy, colostomy, circumcision, chest tube drainage, venous cutdown, venous catheterization, urethral catheterization, incision and drainage of abscess, sigmoidoscopy, Endotracheal intubation.
 - e. Operative Procedure: Assisted at the following: Neonatal bowel obstruction, non-cardiac thoracotomy, laparotomy for abdominal trauma, fibre optic G.I. endoscopy, bronchoscopy.

COMMUNICATOR

1. To provide humane, high-quality care, specialists establish effective relationships with patients, other physicians, and other health professionals. Communication skills are essential for the functioning of a specialist, and are necessary for obtaining information from, and conveying information to patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns, and expectations about their illnesses, and for assessing key factors impacting on patients' health.

General Requirements

1. Establish therapeutic relationships with patients'/families.
2. Obtain and synthesize relevant history from patients/families/communities.

3. Listen effectively.
4. Discuss appropriate information with patients/families and the health care team.
5. Effective communication with families is vitally important to the success of the pediatric surgery rotation.

Collaborator

1. Specialists work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. It is therefore essential for specialists to be able to collaborate effectively with patients and a multidisciplinary team of expert health professionals for provision of optimal patient care, education, and research.
2. During this rotation, residents will be required to collaborate with other house staff, nurses, allied health care providers, family physicians, and other specialists on a regular basis.

General Requirements

1. Consult effectively with other physicians and health care professions.
2. Contribute effectively to other interdisciplinary team activities.

MANAGER

1. Specialists function as MANAGERS when they make everyday practice decisions involving resources, co-workers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context of the health care system. Thus, specialists require the abilities to prioritize and effectively execute tasks through teamwork with colleagues, and make systematic decisions when allocating finite health care resources. As MANAGERS, specialists take on positions of leadership within the context of professional organizations and the dynamic Canadian health care system.

General Requirements

1. Utilize resources effectively to balance patient care, learning needs, and outside activities.
2. Allocate finite health care resources wisely.
3. Work effectively and efficiently in a health care organization.
4. Utilize information technology to optimize patient care, life-long learning and other activities.

Health Advocate

1. Specialists recognize the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of patients and society. They recognize advocacy as an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of specialist physicians in influencing public health and safety.

General Requirements

1. Identify the important determinants of health affecting patients.
2. Contribute effectively to improved health of patients and communities.
3. Recognize and respond to those issues where advocacy is appropriate. For example, the battered/abused child, the importance of helmets, and the importance of car seats, etc.

Scholar

1. As scholars, General surgeons demonstrate a lifelong commitment to reflective learning, and creation, dissemination, application and translation of new knowledge and technologies that inform each CanMEDS domain. During a clinical rotation, the resident should:
2. Identify clinical problems in pediatric general surgery;
 - (a) Recognize and identify gaps in knowledge and expertise around the problem;
 - (b) Formulate a management plan:
 - conduct an appropriate literature search based on the clinical question
 - assimilate and appraise the literature
 - develop a system to store and retrieve relevant literature
 - consult others (physicians and other health professionals) in a collegial manner
 - propose treatment for the clinical problem;
 - evaluate the outcome; and
 - identify practice areas for research.

Professional

1. Specialists have a unique societal role as professionals with a distinct body of knowledge, skills, and attitudes dedicated to improving the health and well-being of others. Specialists are committed to the highest standards of excellence in clinical care and ethical conduct, and to continually perfecting mastery of their discipline.

General Requirements

1. Deliver highest quality care with integrity, honesty and compassion.
2. Exhibit appropriate personal and interpersonal professional behaviours.
3. Practice medicine ethically consistent with obligations of a physician.

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.
2. 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.
3. **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.
4. **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.

Comments 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.

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.

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.

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.

