



Western University
Division of Plastic & Reconstructive Surgery

Resident Handbook
2024 – 2025



Table of Contents

Introduction to Program.....	page 4
History of the Plastic & Reconstructive Surgery Program.....	page 5
Staff & Faculty Bios, Clinical and Research Interests	page 6
Administrative Structure Roles	
Chair, Program Director, Program Administrator, Site Chiefs.....	page 18
Residency Program Committee	page 19
Terms of Reference.....	page 19
Subcommittees	page 19
Royal College of Physicians and Surgeons Examinations.....	page 20
Surgical Foundations	page 21
Planning for Fellowships.....	page 23
Mentorship Program	page 24
Research	
Applying for Research Grants	page 25
Resident Research Day	page 25
Resident Reviews and Evaluations.....	page 26
Procedure Logging.....	page 26
Site Specific & Off-Service Rotation Objectives	page 26
Learning Objectives	
Off-Service Rotations	
AGIM	page 27
Anesthesia.....	page 30
Burns	page 34
CCTC.....	page 39
Community Plastics.....	page 43
Emergency Medicine	page 46
ENT.....	page 51
General Surgery.....	page 54
Oculoplastics	page 57
Oral Surgery	page 61
Orthopedic Surgery	page 64
Research	page 68
Trauma.....	page 70

PGY2 Rotation.....	page 74
PGY3 Rotation.....	page 78
PGY4 Rotation.....	page 83
PGY5 Rotation.....	page 88
University Hospital	
PGY2 Rotation.....	page 93
PGY3 Rotation.....	page 97
PGY4 Rotation.....	page 102
PGY5 Rotation.....	page 107
Victoria Hospital	
PGY2 Rotation.....	page 112
PGY3 Rotation.....	page 116
PGY4 Rotation.....	page 120
PGY5 Rotation.....	page 124
Technical Skills Chart	page 128
LHSC/SJHC Preoperative Testing Guidelines	page 129
LHSC/SJHC Preadmission Indicators for Preoperative Consult To General Internal Medicine and Anaesthesia.....	page 130
Structure of Program	
Resident Rotations	page 131
CBME Training Experience Grid – Transition to Discipline	page 131
CBME Training Experience Grid – Foundations of Discipline	page 132
Teaching Schedule and Information.....	page 136
Transition to Residency (T2R) PGY1 Education Series.....	page 137
Holidays and Conference Leave	
Vacation Time	page 139
Religious Holidays.....	page 140
Conferences and Meetings	page 142
Annual CSPA Meeting Attendance Score.....	page 142
PGME Resident/Fellow Travel Reimbursement Fund.....	page 143
On-Call Responsibilities.....	page 145
PGME Resident Health and Safety Policy	page 146
Plastic Surgery Resident Wellness Policy.....	page 151
Guidelines for Appropriate Use of the Internet	page 154
MSc in Surgery	page 154
Appendix: Internet Links for Policies and Guidelines.....	page 155

August 1, 2024

Dear Resident:

We would like to welcome you to another academic year in the Division of Plastic Surgery at Western. The Division was started in 1959 by Dr. Robert M McFarlane and has been training excellent plastic surgeons who are in practice across Canada and the world in both community and academic settings.

The purpose of this handbook is to provide you with information to prepare you for the various stages of residency as well as to prepare for the Royal College examinations, postgraduate fellowships and ultimately, independent practice. Some decisions (such as fellowships) require planning a significant period of time before the actual commencement of the activity. Although as comprehensive as possible, if there are any questions that arise, you should feel completely comfortable asking any of the consultants about your concerns.

Your training will be under the competency based model, meaning that you will have to meet specific milestones and have documented competence in certain index procedures to meet Royal College requirements for graduation. In general, our program is run according to the principles of "graduated responsibility" where residents are given incrementally more responsibility as they get more experience and gain competence over 5 years. It is important that good communications with the staff exist while the resident takes care of their patients and that trainees have insight in one's own capabilities and limitations. This is one of the most important aspects of being a good physician and is perhaps fundamental to having "good judgment". It is, therefore, generally considered a positive trait when a resident calls the staff in borderline, controversial, unusual or complicated cases, as this will reinforce their learning experience, their critical judgment and their self-confidence. If a resident exhibits this trait during training, it predicts future medical behaviour with sound judgment and the realization when to know when "one is out of his/her league".

We encourage a collegial relationship among residents and staff. If problems of any nature arise during your academic year, we hope you will bring them to our attention and allow us to help you in any way that we can. We hope you will enjoy the year!

Sincerely,



Tanya DeLyzer, MD, FRCSC

Program Director, Plastic & Reconstructive Surgery Residency
Associate Professor of Plastic & Reconstructive Surgery
Western University

History of the Plastic & Reconstructive Surgery Program

The Division of Plastic and Reconstructive Surgery at Western University was established in 1959 by the world-renowned hand surgeon Dr. Robert McFarlane. Since then, more than 70 plastic surgeons have been trained in London. These surgeons practice all over North America and the Middle East. Approximately 25% of these surgeons practice in academic centres, in their turn contributing to the training of a new generation of plastic surgeons.

The Division has a long tradition of excellence in clinical care and possesses subspecialty expertise in hand surgery, reconstructive microsurgery, breast surgery, adult and paediatric craniofacial surgery, burn care, peripheral nerve surgery, aesthetic surgery, wound healing, and cutaneous malignancies.

Division of Plastic & Reconstructive Surgery

Staff and Faculty Bios & Clinical Interests

Sarah Appleton, MD MSc FRCSC

Year of graduation from residency: 2016

Fellowship: Oncologic and Microsurgical Reconstruction (Toronto)

Areas of clinical interest: Breast reconstruction, reconstructive microsurgery, melanoma and non-melanoma skin cancer, complex wounds including burns

Research interests: Breast reconstruction, patient reported outcomes, health related quality of life

Academic rank: Assistant Professor

Office address:

LHSC - University Campus
339 Windermere Road, Room C8-118
London, ON N6A 5A5
Phone: 519-685-8500 ext. 37916
Fax: 519-663-3529
E-mail: sarah.appleton@lhsc.on.ca
Administrative assistant: Belinda Amato-Marziali

Short personal bio:

Dr. Appleton is originally from Fredericton New Brunswick. Prior to her medical training, Dr. Appleton acquired a BSc(Hons) in Biochemistry from Mount Allison University (2005) and a MSc in Microbiology and Immunology from Dalhousie University (2007). After graduating from Queen's Medicine in 2011 and completing her Plastic Surgery Residency training at Dalhousie University (2016), she obtained an Oncologic and Microsurgical Reconstruction Fellowship from the University of Toronto. Dr. Appleton was previously appointed an Assistant Professor in the Division of Plastic Surgery at McMaster University and was the Medical Director of the Hamilton General Hospital Burn Trauma Unit. During her time at McMaster University she obtained a Graduate Diploma in Health Research Methodology. Areas of research interest include breast reconstruction, patient reported outcomes and health related quality of life.

Tanya DeLyzer, BSc MD FRCSC (Program Director)

Year of graduation from residency: 2015

Fellowship: Breast reconstruction (Toronto)

Areas of clinical interest: Reconstruction of complex wounds including lower extremity trauma, post-oncologic resection (breast and other), burn care

Academic rank: Assistant Professor

Office address:

LHSC - Victoria Campus
800 Commissioners Road E., Room E2-647
London, ON N6A 5W9
Phone: 519-685-8108
Fax: 519-685-8114
E-mail: tanya.delyzer@lhsc.on.ca
Administrative assistant: Carrie Deer

Short personal bio:

Dr. Tanya DeLyzer completed medical school and her Plastic Surgery residency at the Schulich School of Medicine and Dentistry, Western University. She then went on to complete a Breast Reconstruction Fellowship in Toronto encompassing all techniques for reconstruction, including microsurgery. Dr. DeLyzer also completed additional training in Total Burn Care at the Ross Tilley Burn Centre in Toronto. Her clinical area of interest is in reconstruction of complex wounds, including lower extremity trauma, post-oncologic resection (breast and other), as well as burn care. Her specific research interests are in surgical education, specifically competency based education, as well as clinical and patient-related outcomes in reconstruction.

Aaron Grant, MD FRCSC (Assistant Program Director/CBME Lead)

Year of graduation from residency: 2013

Fellowship: Reconstructive Microsurgery and Plastic Surgery Oncology (Winnipeg, Calgary)

Areas of clinical interest: Breast surgery including microsurgical reconstruction of the breast, hand surgery, and aesthetic surgery

Research interests: Breast reconstruction

Academic rank: Associate Professor

Office address:

LHSC - University Hospital Campus
339 Windermere Road, Room A8-030
London, ON N6A 5A5
Phone: 519-663-3321
Fax: 519-663-3289
E-mail: aaron.grant@lhsc.on.ca
Administrative assistant: Sonya Przewieda

Short personal bio:

Dr. Aaron Grant is originally from Bay Roberts, Newfoundland, and completed medical school in his home province at Memorial University. He moved to London, Ontario to complete Plastic Surgery residency training at the Schulich School of Medicine and Dentistry, Western University. He then trained in Winnipeg, Manitoba, finishing a fellowship in Reconstructive Microsurgery at the University of Manitoba. Dr. Grant also completed a Plastic Surgery Oncology fellowship at the Tom Baker Cancer Centre in Calgary, Alberta.

Currently Dr. Grant is part of the Western University Division of Plastic Surgery and based out of University Hospital. His clinical and research interests lie mainly in the study of melanoma, breast reconstruction, and surgical education.

Stahs Pripotnev, MD FRCSC

Year of graduation from residency: 2020

Fellowship: Hand, Nerve and Microsurgery (Washington University, St. Louis, MO)

Areas of clinical interest: Hand, wrist, peripheral nerve, brachial plexus

Research interests: Peripheral nerve surgery outcomes, point of care ultrasound in hand surgery

Academic rank: Assistant Professor

Office address:

Roth | McFarlane Hand & Upper Limb Centre
St. Joseph's Health Care
268 Grosvenor Street, Room D1-201
London, ON N6A 4L6
Phone: 519-646-6424
Fax: 519-646-6301
E-mail: stahs.pripotnev@sjhc.london.on.ca
Administrative assistant: Amanda Close

Short personal bio:

Dr. Stahs Pripotnev graduated from Western University with a Bachelor of Medical Sciences degree (Dean's Honor Roll, Western Scholar, With Distinction) and completed his Plastic and Reconstructive Surgery Residency at the University of British Columbia. Following completion of his residency, he obtained additional specialty training with a Hand, Nerve and Microsurgery fellowship at Washington University in St. Louis.

Dr. Pripotnev has received several awards in recognition of his academic and research contributions, publishing and presenting consistently on the topics of surgical flaps, hand surgery, and nerve injury.

Dr. Pripotnev is now an assistant professor at Western University with a clinical practice at the Roth McFarlane Hand and Upper Limb Centre at St. Joseph's Health Care in London. His elective practice involves all aspects of hand, wrist, peripheral nerve, and soft tissue reconstruction.

Douglas Ross, MD MEd FRCSC

Year of graduation from residency: 1990

Fellowship: Hand surgery and Microsurgery (Toronto, Louisville)

Areas of clinical interest: Hand, reconstructive microsurgery, peripheral nerve surgery

Research interests: Clinical outcomes, surgical education

Academic rank: Professor

Office address:

Roth | McFarlane Hand & Upper Limb Centre

St. Joseph's Health Care

268 Grosvenor Street, Room D0-210

London, ON N6A 4L6

Phone: 519-646-6048

Fax: 519-646-6049

Administrative assistant: Justine Clarke

Short personal bio:

Dr. Ross is a graduate of the University of British Columbia (BSc, MD). After an internship at Toronto East General Hospital, he completed his plastic surgery training at the University of Toronto. This was followed by two years of fellowship training in Toronto (Hand and Microsurgery) and Louisville, Kentucky (Hand Surgery). He has been a faculty member at the University of Western Ontario since 1992.

He is the past Chair of the Division of Plastic Surgery at Western University and a staff member at the Roth McFarlane Hand and Upper Limb Centre at St. Joseph's Health Centre in London. He is a member of Manus Canada, the American Society for Surgery of the Hand, the American Society for Peripheral Nerve, the American Association for Hand Surgery and the American Society for Reconstructive Microsurgery. His clinical interests include upper extremity surgery, reconstructive microsurgery and peripheral nerve surgery.

In addition, he has a strong interest in surgical education. He completed a Masters of Education at the Ontario Institute for Studies in Education at the University of Toronto in 2004. He was a member of the Royal College of Physicians and Surgeons of Canada Examination Board in Plastic Surgery 2002 to 2013 and served as Chief Examiner 2008 to 2013. Other positions he presently holds at the Royal College include Vice-chair of the Specialty Committee in Plastic Surgery and Member of the Assessment Committee. He served as President for the Canadian Society of Plastic Surgeons for 2012-2013. Dr. Ross is the past A.D. McLachlin Professor of Surgery in the University of Western Ontario.

Andrew Simpson, MD FRCSC (Wellness Lead)

Year of graduation from residency: 2017

Fellowship: Clinical Outcomes Research; Complex Extremity Reconstruction and Microsurgery; Melanoma and Skin Cancer (University of Utah, USA); North Bristol Trust, UK)

Areas of clinical interest: Orthoplastic surgery and limb salvage, microsurgery, diabetic foot, melanoma, lymphedema

Research interests: Lower extremity reconstruction and salvage, complex wounds, melanoma and non-melanoma skin cancer and lymphedema

Academic rank: Assistant Professor

Office address:

LHSC - Victoria Campus
800 Commissioners Road E., Room E2-633
Phone: 519-685-8500 x 52733
Fax: 519-685-8063
London, ON N6A 5W9
E-mail: andrew.simpson@lhsc.on.ca
Administrative assistant: Lisa Cook

Short personal bio:

Dr. Simpson completed undergraduate and medical training at Dalhousie University (BSc 2007, MD 2012), and continued specialty training in Plastic and Reconstructive Surgery there, finishing in 2017. This was followed by a research fellowship in Clinical Outcomes, focusing on large databases including NSQIP and NIS at the University of Utah in Salt Lake City. Dr. Simpson completed his clinical subspecialty training with a fellowship Complex Extremity Reconstruction and Microsurgery with an orthoplastic surgery group in Bristol, England. This was followed by added experience in melanoma and skin cancer surgery.

He has also visited Oxford, England and Tokyo, Japan, to learn methods and surgical techniques for the treatment of lymphedema. Dr Simpson's clinical and research interests include orthoplastic surgery, limb reconstruction, large database clinical outcomes and epidemiology and patient-related outcomes.

Caitlin Symonette, MD FRCSC (Research Director)

Year of graduation from residency: 2018

Fellowship: Hand and Microsurgery (Vancouver)

Areas of clinical interest: Paediatric plastic surgery, hand and reconstructive surgery

Research interests: Paediatric plastic surgery, hand and reconstructive surgery

Academic rank: Assistant Professor

Office address:

LHSC - Victoria Campus

800 Commissioners Road E., Room E2-631

London, ON N6A 5W9

Phone: 519-667-6757

E-mail: caitlin.symonette@lhsc.on.ca

Administrative assistant: Catherine Piggott

Short personal bio:

Dr. Caitlin Symonette completed her graduate training, medical school and Plastic Surgery residency at the Schulich School of Medicine and Dentistry, Western University. She then went on to complete a Hand and Microsurgery Fellowship in Vancouver which included exposure to both adult and paediatric populations. Her clinical area of interest is general paediatric surgery, paediatric hand surgery and adult hand surgery. She also is interested in international surgical exposures and collaborations. Her specific research interests include health system optimization, clinical and patient-related outcomes of paediatric plastic surgery as well as hand surgery.

Arjang Yazdani, MD FRCSC (Division Chair)

Year of graduation from residency: 2006

Fellowship: Craniofacial and paediatric plastic surgery (Dallas TX)

Areas of clinical interest: Paediatric and adult craniofacial surgery, pediatric plastic surgery, ear reconstruction, vascular anomalies, cosmetic surgery

Research interests: Paediatric and adult craniofacial surgery, pediatric plastic surgery, ear reconstruction, vascular anomalies, cosmetic surgery

Academic rank: Associate Professor

Office address:

747 Waterloo Street

London, ON

Phone: 519-601-4554

E-mail: Arjang.Yazdani@lhsc.on.ca

Administrative assistant: Kaitlyn Locke

Short personal bio:

Dr. Arjang Yazdani earned his MD from McMaster University in 2000 and completed residency training in plastic surgery at The University of Western Ontario in 2006. He became a Fellow of the Royal College of Surgeons of Canada in 2007 and obtained Fellowship training in craniofacial and pediatric plastic surgery from The University of Texas, Southwestern in Dallas, which included cosmetic surgery and laser medicine from one of the world's foremost cosmetic surgery groups. Dr. Yazdani joined the Division of Plastic Surgery at Western University in September 2007. His office is located at Victoria Hospital of the London Health Sciences Centre.

Dr. Yazdani's focus is on facial reconstruction in children and adults. He has an interest in facial trauma and post-traumatic facial deformities including nasal reconstruction and rhinoplasty. His pediatric practice involves ear reconstruction and vascular anomalies.

Division of Plastic & Reconstructive Surgery
Collaborating Scientists Bios &
Research Interests

Joy MacDermid, BScPT MSc PhD

Year of graduation from doctoral degree: 1999

Research interests: see below

Academic rank: Professor

Office address:

Lawson Health Research Institute
268 Grosvenor Street, Room DB-222
London, Ontario N6A 4L6
Phone: 519-646-6100 Ext: 64636 (**Office HULC**)
Fax: 519-646-6049
E-mail: jmacderm@uwo.ca

School of Rehabilitation Science
Room 429, IAHS McMaster University
Hamilton, Ontario L8S 1C7
Phone: 905-525-9410 Ext: 22524 (**Office McMaster**)
Fax: 905-524-0069
E-mail: macderj@mcmaster.ca

Short personal bio:

Joy MacDermid is a physical therapist, hand therapist, epidemiologist and holds a CIHR New Investigator Award. She is Co-director of the Clinical Research Lab within the Hand and Upper Limb Centre (HULC) and also an Associate Professor (School of Rehabilitation Science) at McMaster University. She is cross-appointed to Departments of Surgery and Epidemiology at both McMaster University and Western University. Her research projects address clinical questions related to enhancing prevention, assessment and management of musculoskeletal disorders and related work disability.

Specific research interests include: understanding factors that contribute to upper extremity disability surgery and rehabilitation intervention effectiveness, randomized clinical trials/trial methodology, cohort outcomes studies, psychometrics of clinical measurement (performance or self-report, measures of pain/disability/quality-of-life), clinical epidemiology, clinical practice guidelines, and knowledge transfer. Courses developed and taught include upper extremity clinical skills research and evidence-based practice, quality-of-life (measurement/research), knowledge exchange, and transfer.

David Holdsworth, BSc MSc PhD

Year of graduation from doctoral degree: 1992

Research interests: see below

Academic rank: Professor

Office address:

Robarts Research Institute
Room 1254C, 100 Perth Drive
London, ON N6A 5K8
Phone: 519-931-5777 Ext. 24154
Fax: 519-931-5713
E-mail: david.holdsworth@imaging.robarts.ca

Short personal bio:

Dr. David Holdsworth is a Scientist in the Imaging group at the Robarts Research Institute. He is also a Professor in the Departments of Surgery and Medical Biophysics in the Schulich School of Medicine and Dentistry, at Western University. For most of the past 15 years, Dr. Holdsworth has been involved in the development of vascular imaging systems, for use in stroke diagnosis and therapy. In 2007 Dr. Holdsworth became the Dr. Sandy Kirkley Chair in Musculoskeletal Research and has shifted the focus of his research to musculoskeletal disease, with projects ranging from basic skeletal research to clinical therapy. Dr. Holdsworth and his team have developed new methods for musculoskeletal disease detection and treatment for both basic pre-clinical and clinical applications. With collaborators in surgery and engineering, he is developing new techniques to image the interface between bones and metal implants, and to improve techniques for radiostereometric analysis following joint replacement.

Eva Turley, PhD

Year of graduation from doctoral degree: 1976

Research interests: see below

Academic rank: Professor

Office address:

London Regional Cancer Program
Room A4-931A, Cancer Research Laboratory Program
790 Commissioners Road East
London, Ontario
Canada N6A 4L6
Phone: 519.685.8600 ext. 53677
Fax: 519.685.8646
E-mail: eva.turley@lhsc.on.ca

Short personal bio:

Dr. Eva Turley has received training in cell biology (pHD), polysaccharide biochemistry (post-doctoral fellowship) and molecular biology (sabbatical leave with Dr. Hook, University of Alabama) and tissue biology (sabbatical leave with Dr. M. Bissell, LBNL, Berkeley). Early in her career she developed an interest in translational research and has trained a number of clinical fellows (Dr. D. Bagli, University of Toronto, Dr. R. Savani, UT Southwestern) and has been involved as a consultant or founder in the development of several companies (e.g. Hyal Pharma Inc., Transition Therapeutics Inc., Evashi Inc.) to aid in the clinical development of basic research findings.

Her research interests have centred upon the biology of the polysaccharide, hyaluronan as well as its receptors, CD44 and RHAMM. Her laboratory was the first to demonstrate that hyaluronan activates signalling cascades (protein tyrosine phosphorylation) in cells expressing receptors and they also isolated, characterized and cloned RHAMM, which was the first cellular hyaluronan receptor identified. Following these discoveries, her team focused upon the roles of hyaluronan/RHAMM/CD44 interactions in the control of cell migration during wound repair and tumour progression. For example, they have most recently been investigating the influence of hyaluronan and RHAMM in the repair of skin excisional wounds and assessing the effects/drug delivery capability of promoting the formation hyaluronan coats around cells using a unique, non-particulate hyaluronan/phospholipid formulation. In collaboration with other groups, they have developed reagents to modify the course of skin repair, including hyaluronan peptide mimics, RHAMM peptide mimics and pro-migratory hyaluronan oligosaccharides.

Thomas R. Jenkyn, PhD P.Eng

Year of graduation from doctoral degree: 1999

Research interests: 'In vivo' biomechanics; functional medical imaging; fluoroscopic radiostereometric analysis and small-scale cartilage motions; gait and motion analysis; orthopaedic biomechanics; trauma and sports injuries; disabilities resulting from osteoarthritis; skeletal muscle function; inverse dynamic modeling; surgical simulation and outcome measures.

Academic rank: Associate Professor

Office address:

Department of Mechanical and Materials Engineering
Faculty of Engineering - Western University
Spencer Engineering Building, Room 2075
London, Ontario
Canada N6A 5B9
Phone: 519.661.2111 ext. 88339
Lab Ext. 81122 (WOBL)
Lab Ext. 82796 (WOQIL)
Fax: 519.661.3020
E-mail: tjenkyn@eng.uwo.ca

Short personal bio:

Dr. Jenkyn is Co-Director of the Wolf Orthopaedic Biomechanics Laboratory (WOBL) and Director of the Wolf Orthopaedic Quantitative Imaging Laboratory (WOQIL), both of which study orthopaedic patients at the Fowler Kennedy Sport Medicine Clinic (FKSMC). The WOQIL is unique in Canada in that it combines 3D bi-planar fluoroscopic imaging with optical motion analysis, a force instrumented treadmill and pressure measurement. His overall goal is to quantify in-vivo motion and loading of bones within articular joints to identify the biomechanical causes of osteoarthritis and other musculoskeletal disorders. He is active in four areas: 1) 3D fluoroscopic radiostereometric analysis (f-RSA) for use in biomechanics, 2) motion analysis of the joints of the foot, 3) optical gait analysis of knee osteoarthritis, and 4) biomechanical analysis of elite and recreational sport.

Administrative Structure Roles:

Division Chair: Dr. Arjang Yazdani

Program Director: Dr. Tanya DeLyzer

Assistant Program Director/CBME Lead: Dr. Aaron Grant

Research Director: Dr. Caitlin Symonette

Wellness Lead: Dr. Andrew Simpson

Site Chiefs:

St. Joseph's Health Care Centre: Dr. Stahs Pripotnev

University Hospital: Dr. Aaron Grant

Victoria Hospital: Dr. Tanya DeLyzer

Program Administrator: Kris Schroeder

Room D0-209

St. Joseph's Health Care

268 Grosvenor Street

London, ON N6A 4L6

Phone: (519) 646-6100 ext. 65683

Fax: (519) 646-6049

Kristine.Schroeder@lhsc.on.ca

Residency Program Committee:

Terms of Reference:

The Residency Program Committee (RPC) of the Division of Plastic Surgery acts as a collaborative body of residents within the training program and the consultants. The scope of the Committee is to review, assess and oversee all aspects of the educational program of the Division and act as a resource to assist and guide the Program Director to enhance the educational experience for all residents.

Membership:

The Committee will include one resident representative from each training year within the Program as well as one representative from the International Sponsored Resident(s)/International Medical Graduate(s) within the program (during such period as there are such residents within the program). There will be one consultant representatives from each of the three teaching sites as well as the Program Director (Chair), the Assistant Program Director, the Research Director and Wellness Coordinator.

Subcommittees:

- i) Resident Selection Committee: The RPC will appoint two resident representatives and 2-4 consultant representatives who will act as the committee responsible for reviewing CaRMS applications as well as interviewing and ranking applicants.
- ii) Competence Committee: This committee consists of the Program Director, Assistant Program Director, Wellness Coordinator, and a consultant representative from each site. While it is recognized that the principle forms of formative and summative evaluations will occur during each resident's specific rotations, this committee will ensure such evaluations are fair and appropriate. In addition, the Committee will review each resident's progress for suitability for advancement to the next year of training. This committee will meet four times each year; in September, November, February and May.

Functions:

The Committee functions to oversee all aspects of resident education. As such, the Committee will advise the program director on matters such as rotation choices, evaluation, didactic program teaching, and resident-consultant interactions. Residents who have any concerns about their educational experience should bring the matter to their appropriate resident representative to be discussed and reviewed at the Committee.

As per the Schulich School's revised Schulich School of Medicine & Dentistry Postgraduate Medical Education Resident Evaluation and Appeals Policy, the RPC will act as the first body of appeal for a resident who has received either a "Fails to Meet Expectations" or "Borderline" rating in a final In-Training Evaluation at the completion of a rotation. In addition, the RTC will be the first body of appeal for residents who have completed a period of remediation and received an evaluation of "Fails to Meet Expectations".

Executive Committee:

This is a committee comprised of all plastic surgeons within the Division. It is mainly a forum to discuss administrative issues such as the impact of hospital reorganization upon the Division.

Royal College of Physicians & Surgeons Examinations

To be a specialist certified by the Royal College, you must complete the Surgical Foundations as well as the “final” Royal College Examinations in Plastic Surgery. To quote the Royal College, “Please note, above all, that neither the Royal College nor your university can initiate the assessment process for a resident. It is your responsibility, as a resident, to establish and maintain your professional relationship with the Royal College”. This means that you must complete the various stages of application.

The first step of this is to have your residency training assessed by the Royal College to ensure that the specialty specific training requirements have been met. This is a formality as your training will be guided and accredited by our training program but it is still an important step. The requirements and instructions for the Preliminary Assessment of Training are available at: [Step-by-step guide: Apply for assessment of training \(royalcollege.ca\)](#). Note that for Plastic Surgery, this must be complete in order to write the Surgical Foundations examination (September or October of your PGY2 year) and at the time of this writing, the application must be received by the College by August 30th in the year prior to you writing the examination.

If you have completed the Surgical Foundations Examination, to write the final Royal College examinations, you do not need to complete another application for Preliminary Assessment of Training. However, you do need to contact the Credentials Unit at the Royal College by April 30th of the year prior to your final examinations to continue assessment of your final years of training.

To be eligible to write the qualifying examinations in Plastic Surgery, your training program must complete a Final In-Training Evaluation Report (FITER). The statement that the College requires your program to confirm is: “*In the view of the Residency Program Committee, this resident has acquired the competencies of the specialty as prescribed in the Objectives of Training and is competent to practice as a specialist*”. It is extremely rare that this statement would not be confirmed by our training program for a PGY5 resident. You will be required to review and sign your FITER prior to its submission to the College in February of the year you are writing your examination. Note that FITERs are not utilized by the examination board for any candidates that either clearly pass or clearly fail the examination. They are only reviewed (anonymously) for candidates who finish their examination in a “Borderline” category. In particular, your examiners do not review your FITER nor even know which training program you are from.

Royal College examinations are offered annually for each specialty and subspecialty programs. There are a few **important** actions that must be taken **well** in advance of the exam date to confirm the resident’s eligibility to sit the exam:

- The resident must apply to the Royal College **one year in advance** of the exam for a training assessment to confirm they have met specialty-specific training requirements.
 - For Spring exams, that deadline is April 30 of the year before the exam (i.e. for Spring 2025, deadline is **April 30, 2024**).
 - For Spring 2025 eligible candidates, please make sure you have applied for assessments of training as this must be completed prior to registering for the examinations.
 - These deadlines are **firm** – without this training assessment, the resident cannot be added to the list of eligible candidates. Failure to meet this requirement will impact a resident’s eligibility to write the exam and carries a hefty late-assessment fee. Assessment of training fees are separate from examination registration fees.
- Approximately eight months in advance of the exam, the residency program confirms to the Royal College that the resident has met the specialty-specific training requirements and is expected to be able to sit the exam that year.
 - This is the Confirmation of Completion of Training (CCT) spreadsheet that is sent to your program by the PGME office.

- The Spring 2025 CCTs will be sent to programs in August and will be due to the PGME office in mid-September.
 - The PGME office reviews all the training dates listed and advises the programs if there are discrepancies in reported end-of-training dates.
 - The Royal College issues the resident a ruling letter confirming that the resident meets the training requirements to register for the examination.
 - The Spring 2025 exam registration deadline is **November 4, 2024**.

Surgical Foundations

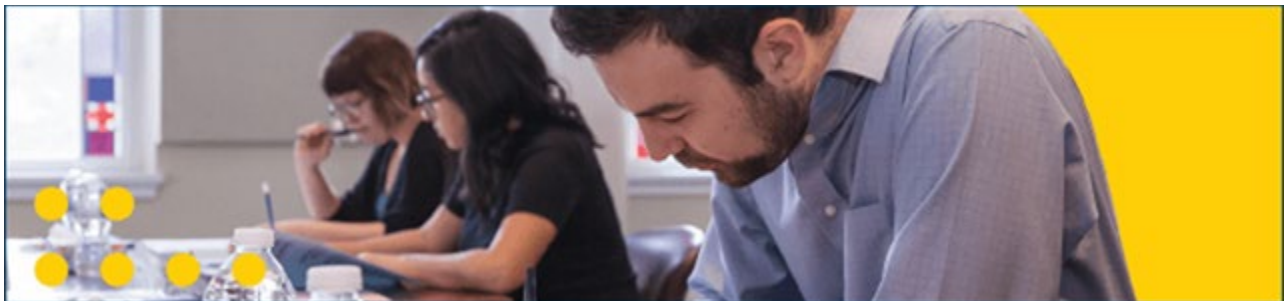
Dear Surgical Foundations Residents:

This is a reminder that you must apply for an assessment of training by **August 31, 2024** in order to be eligible to sit the Fall 2025 certification examinations.

A few relevant notes:

- Assessments of training must be completed prior to registering for the examinations.
- The fees are separate from examination registration fees.
- Missing this deadline has substantial late fees attached to it.

Important Royal College deadline information regarding the Fall 2025 examinations



Writing an examination in Fall 2025?

Applications for an assessment of training are submitted via our eBooking [online platform](https://booking.royalcollege.ca) (URL: booking.royalcollege.ca)

Please read the memo and application instructions below.



Deadline to apply for an assessment of training: [August 31, 2024](#)

- An assessment of training must be completed prior to registering for the examinations.
- Note that assessment of training fees are separate from exam registration fees: <https://www.royalcollege.ca/ca/en/credentials-exams/exams-fees.html#assessment-fees>

Final year surgical residents

- Those that have applied for and paid for their assessment of training for Surgical Foundations prior to the exam year 2023 and are now ready to apply for assessment of

training of their surgical specialty, are not required to submit an additional assessment of training fee. This fee has already been collected.

- Moving forward - when applying for assessment of training for Surgical Foundations, candidates are not required to submit a fee for the assessment of training. They will pay the assessment fee when they apply for the assessment of training of the surgical specialty.



Apply for assessment and confirmation of your exam eligibility:

You can apply for a training assessment by registering with the Royal College and submitting your application through our eBooking [online platform](#).

You will require a Royal College ID to complete this process. Follow the instructions applicable to your situation below:

- A. If you **do not have a Royal College ID**, first complete the [registration form](#) (or type out the URL: royalcollege.ca/en/register.html). Following receipt of your ID number, log in to our [online platform](#) (or type the URL: booking.royalcollege.ca).
- B. If you are an **existing candidate/applicant and already have a Royal College ID**, log in to the online platform (or type the URL: booking.royalcollege.ca). You can click on “Reset your password” or “Forgot your ID” if necessary.

Following the submission of your application for assessment, you will be emailed an acknowledgment of its receipt. Once deemed eligible, a ruling letter outlining your eligibility for the 2025 exams will be sent to you by email in February/March 2025. **Note the registration deadline for the fall 2025 exams is April 15th, 2025.**

Once granted, eligibility is valid for five consecutive years.

Planning for Fellowships

At the completion of your residency at Western, you will be ready to enter independent practice without further fellowship training. However, a fellowship does provide you with an opportunity to enhance your skills and knowledge in a particular field which can be a particularly satisfying part of your practice. Many moderate and larger community practice groups will want new members to bring specialized skills which then enhance the expertise of the group as a whole. Each university and academic program will have its own particular criteria for recruitment, but, in general, a year of fellowship training is a minimum for an academic position.

If you anticipate that you want to pursue fellowship training, you should start to seriously consider your choices in the fall of your PGY4 year. Some clinical areas (e.g. hand surgery, microsurgery) have formal fellowship matches and these may be *completed* as much as 15 months (i.e. spring of your PGY4 year) prior to starting.

In addition, for fellowships in the United States, a work visa will be required and this can be time consuming with deadlines that are sometimes difficult to complete in time for your fellowship to begin. In general, Canadian graduates can apply for either a "J-1" or an "H1-B" visa. The former is an educational visa which requires that the recipient return to their home country for at least two years prior to applying for a change in their visa status. The latter allows you to apply for a change in visa status at any time. Practically, many American fellowships now fund their fellows by having them bill assistants' fees and this requires that the fellow have an H-1B visa. J-1 visas can be secured largely by the applicant whereas H-1B visas require significant time and effort on the part of the fellowship program. Finally, for American fellowships, as part of your visa requirement, you will require completion of the USMLE parts I and II.

Types of Fellowships:

Fellowships tend to be focused on specific clinical areas such as craniofacial surgery, hand surgery, etc. Obtaining a fellowship in "general plastic surgery" is difficult and typically requires contact with specific training programs on an ad hoc basis. Many of the staff consultants could assist you with advice in this area if you wish.

There are several plastic surgery fellowship matches and these include:

- 1) Craniofacial Surgery (deadline November prior to commencing in July)
- 2) Microsurgery (deadline November prior to commencing in July)
- 3) Hand Surgery (Application begins in January of year prior to beginning fellowship)

Non-Match Fellowships:

Many fellowships are not done through any type of matching service and advice about specific areas and programs may be acquired by discussing things with the program director and other consultants. The Canadian Society of Plastic Surgeons maintains a listing of Canadian fellowship positions which is available at: plasticsurgery.ca/medical-professionals/fellowships/. This is generally not a complete listing and more information may be acquired by discussion with the program director and other consultants.

Although not a matching service, a listing of American aesthetic surgery fellowships is available at:

[Plastic Surgery Fellowship and Training Directory](#)

Mentorship Program

The resident mentorship program is intended to provide residents with guidance and advice about career, family, and residency in an informal setting. Residents are strongly encouraged to choose a staff mentor at the start of their second year of residency; staff are encouraged to initiate informal meetings at least a couple times throughout the year. The goal of this program is to encourage happiness, fulfillment and excellence in our residents. All residents are encouraged to reach out to the Wellness Lead as needed; prior to selecting their staff mentor, or at any time during their residency.

Research

Applying for Research Grants:

Applying for a research grant can be an educational experience for you as a resident. It requires a synthesis of ideas and a succinct explanation of your research proposal that can serve to crystallize and focus your experimental plan.

For resident based research projects, there are a few funding agencies that are more “resident friendly” and may be the primary focus of your applications. Some of the more common ones include:

- 1) Canadian Society of Plastic Surgeons Educational Foundation: A grant of up to \$10,000 is awarded annually and at this time is for Outcomes Research or Clinical Projects (ie. not Basic Science). Residents are eligible to apply but must be “sponsored” by a CSPS member (any consultant at Western). The application form is not onerous. The application deadline is typically in early May. More information is available at: plasticsurgery.ca/educational-foundation/clinical-outcomes-research-grant/
- 2) Physicians Services Incorporated (PSI): This foundation was established by Ontario physicians in 1970. “Resident Research Grants” are available up to a total of \$20,000 and are open to three specific areas: Clinical Research, Medical Education Research and Development, and Health Systems Research. Application deadlines are in March, June and September each year. More information and an application can be found at: [Funding Programs - PSI Foundation](#)
- 3) American Association for Hand Surgery Annual Research Grant: This grant is available to residents “to foster creativity and innovation in basic and/or clinical research in all areas pertinent to hand surgery”. Awards are available up to \$10,000. Application available at: [AAHS - Annual Research Grant \(handsurgery.org\)](http://AAHS - Annual Research Grant (handsurgery.org))

Resident Research Day:

Each resident is required to prepare a research project for presentation at the Annual Plastic Surgery Residents' Research Day (typically held in May or June). **This is a requirement for progression in each year.** Presentations cannot be case reports and all projects are required to involve one of the staff plastic surgeons (at least peripherally if not the primary supervisor). Residents will also be required to give a brief, 5-minute presentation of their chosen research topic during Grand Rounds in the fall. Abstracts must be 300 words or less under the following 5 headings: 1. Purpose 2. Method 3. Results, 4. Conclusions and 5. Learning Objectives (a maximum of three sentences describing 1-3 learning objectives of your 5 minute presentation, i.e. what will your audience learn from this talk, not the same as “Conclusions”).

Residents are strongly encouraged to organize a research project early in the academic year to be ready for the spring. This is particularly true for residents in their PGY5 year who will be writing exams near the completion of their final year.

Resident Reviews and Evaluations

Evaluations are conducted at the completion of each rotation on standard forms containing rotation specific objectives. Residents are encouraged to discuss learning objectives at the start of each rotation. In addition, mid-rotation evaluations will be scheduled. The Postgraduate Medical Education Committee has developed a process which must be followed for any unsatisfactory evaluation received by any resident (see Appendix).

In addition to evaluations, reviews will be scheduled with the Program Director three times per year, the purpose of which will be to discuss career objectives and will be oriented to each resident on a more personal level. These are solely for the benefit of the resident and as such, missed reviews will not be rescheduled.

Procedure Logging

Residents are expected to be logging their procedures in New Innovations on a regular basis. These procedure logs are used for evaluation purposes both at the end of each rotation and for the Competency Committee meetings. A report will be generated a week prior to the end of each rotation; residents are strongly encouraged to keep their logs up to date throughout the year.

Site Specific & Off-Service Rotation Objectives

Each site has formulated learning objectives which are specific to the trainees' year of residency as well as to that specific site. They have been based upon the Objectives of Training which is available at: [Home \(royalcollege.ca\)](http://royalcollege.ca)

Other valuable information such as examination dates and information about Surgical Foundations is also available on the same site.

Rotation Specific Objectives – AGIM Rotation

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice:
 - An approach to evaluation and management of cardiovascular, neurologic, respiratory, renal and endocrine disease in the surgical patient
 - An approach to the peri-operative management of these disease process' in the surgical patient
 - An approach to the serum glucose management of the diabetic patient
 - An understanding of the assessment of peri-operative risks for cardiac events in surgical patients
 - An understanding of the management of anti-coagulation in the surgical patient

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- The resident should be able to effectively communicate with patients and families in a manner to communicate their medical issues and discuss prognosis
- The resident should be able to effectively communicate with patients and families in the process of obtaining consent. This should also include a discussion around resuscitation status
- The resident should be able to effectively communicate a plan with other health care professionals including nursing and allied health staff

Collaborator:

The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- The resident should demonstrate an understanding of the role and value of all members of the allied health professional team in the care of the complex patient
- The resident should be able to lead a multi-disciplinary team meeting and effectively communicate treatment plans to other team members

Leader:

The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- The resident should demonstrate an understanding of health care resource issues as it relates to surgical care
- The resident should take a lead on pre-operative patient care evaluation
- The resident should manage medical students on the team service and also have an opportunity to lead a teaching session for medical students

Health Advocate:

The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- The resident should demonstrate a willingness to educate patients on lifestyle choices that contribute to their health care issues
- The resident should participate and be involved in patient home care issues

Scholar:

The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others

- Demonstrate an understanding of the principles of dissemination of new knowledge

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- The resident should at all times demonstrate an attitude of respect and courtesy in their communications with all patient and family, other staff and services
- The resident should be punctual in attendance of clinical duties
- The resident should be complete and timely in the processing of clinical documents
- The resident should deal with consults in an appropriate manner for the service they are on

Rotation Specific Objectives – Anesthesia

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:
 - Demonstrates ability to assess patients pre-operatively and determine accurate ASA class
 - Can appropriately counsel patients pre-operatively in regards to management of diabetic medications in the perioperative setting
 - Can appropriately counsel patients pre-operatively in regards to management of anticoagulation medications in the perioperative setting
 - Demonstrates ability to assess patients in regards to airway or respiratory issues pre-operatively
 - Demonstrates an understanding of what risk factors significantly increase peri-operative anesthetic risk
 - Demonstrates an understanding of which patients would benefit from general versus regional anesthesia
- 3) Demonstrate proficient and appropriate use of procedural skills including:
 - Intubation of non-complex patients
 - Placement of oral or nasal airway
 - Insertion of peripheral IV
 - Airbag mask ventilation

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the Off-Service Resident:

- Obtain and present a complete history and physical examination from patients in the peri-operative assessment clinic
- Dictate well organized and complete notes for medical records
- Able to explain treatment options to patient for general anesthesia or regional anesthesia
- Able to effectively communicate an anesthetic plan with other health care professionals

Collaborator:

The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- Participate effectively and appropriately in an interprofessional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the Off-Service Resident:

- Recognize and respect the diversity of roles in the care of patients under general anesthesia including nursing, respiratory therapists and the surgical team
- Work with the surgical team to assess, plan, provide care for individual patients for emergent cases

Leader:

The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain

they are covered and most importantly, managing multiple simultaneous demands upon their time.

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the Off-Service Resident:

- Demonstrates an understanding of the triage system for emergency surgical cases and can prioritize patients in terms of urgency

Health Advocate:

The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the Off-Service Resident:

- Advocates for patients deemed unfit for surgery
- Helps educate patients on lifestyle choices that that may benefit the patients' health such as smoking cessation

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the Off-Service Resident:

- Residents should be aware of best practise management of patients pre-operatively

- Critically evaluate medical information and its sources and apply this to patient care

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

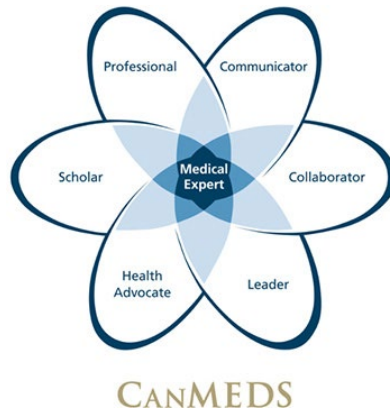
Specific Examples for the Off-Service Resident:

- Demonstrate an awareness of the risks associated with the high stress environments in which anesthesiologists work
- Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect and altruism

Rotation Specific Objectives – Sunnybrook Burns

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:
 - Demonstrates ability to assess patients pre-operatively and determine accurate operative plans for debridement and grafting
 - Familiarity with the management of intermediate and large TBSA burns in an acute setting including early assessment in the ER, including dressings early fluid resuscitation and monitoring of fluid status
 - Demonstrates accurate assessment of extent of burn injury calculating TBSA and depth of burn injury
 - Management of airway in those burn patients at risk of respiratory compromise
 - Demonstrate understanding of carbon monoxide as well as cyanide toxicity and the physiology and treatment
 - Recognition of acute emergencies and the appropriate management including escharotomies and fasciotomies
 - Understand the physiology of burn sepsis and shock and the management in an intensive care unit
 - Understand the long term treatment of out-patient burns including scar and contracture management
 - Understand the management of out-patient acute burn care in smaller burns
 - Can appropriately counsel patients pre-operatively in regards to management of anticoagulation medications in the perioperative setting
 - Demonstrates ability to assess patients in regards to airway or respiratory issues pre-operatively
 - Demonstrates an understanding of what risk factors significantly increase peri-

- operative anesthetic risk
- Understand the use of adjuncts to fluid management other than crystalloid including albumin, and blood products
- Demonstrates understanding of non-flame burn injury management including electrical, friction and chemical burns

3) Demonstrate proficient and appropriate use of procedural skills including:

- Airway management in acute burn patients including where possible Intubation of non-complex patients
- Placement of oral or nasal airway
- Insertion of central lines
- Where possible escharotomy or fasciotomy
- Tangential excision and grafting of burns acutely
- Release and grafting of burn contractures
- Foley catheter insertion in acute burns

Communicator:

The communicator role is defined by: “As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.”

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the Off-Service Resident:

- Obtain and present a complete history and physical examination from patients in the acute burn setting and perform effective handover to the multidisciplinary team
- Dictate well organized and complete notes for medical records
- Able to explain treatment options to patient for general anesthesia or regional anesthesia
- Able to effectively communicate a surgical plan with other health care professionals including anesthesiology clearly discussing blood loss or other potential intra-operative issues

Collaborator:

The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- Participate effectively and appropriately in an interprofessional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the Off-Service Resident:

- Recognize and respect the diversity of roles in the care of patients under intensive burn care including nursing, respiratory therapists, anesthesiology and the surgical team
- Work with the therapists in the management of chronic burn patients and their rehabilitation

Leader:

The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the Off-Service Resident:

- Demonstrates an understanding of the triage system for emergency surgical cases and can prioritize patients in terms of urgency

Health Advocate:

The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the Off-Service Resident:

- Advocates for patients deemed unfit for surgery
- Helps educate patients on lifestyle choices that that may benefit the patients health such as smoking cessation

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the Off-Service Resident:

- Residents should be aware of best practise management of patients pre-operatively
- Demonstrate an understanding of the benefits of early debridement and grafting
- Up to date on adjunct burn management including integra, allograft etc.
- Critically evaluate medical information and its sources and apply this to patient care in the burn setting
- Present if possible a small topic in burn rounds

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

Specific Examples for the Off-Service Resident:

- Demonstrate an awareness of the risks associated with the high stress environments in which acute burn care occurs
- Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Works well as part of the multidisciplinary team

Rotation Specific Objectives – Critical Care Trauma Centre (CCTC)

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:
 - Demonstrate an understanding of large TBSA burn care including fluid management, pressor support and ventilator support in the intensive care setting
 - Respiratory failure from various causes; this should include an understanding of the indications for ventilatory support and an appreciation of the hemodynamic-ventilatory interactions and interdependence
 - Circulatory collapse of various causes including cardiogenic, hypovolemic, and septic shock; this should include an understanding of electrocardiography and its interpretation as well as a knowledge of the management of various arrhythmias
 - Sepsis of various forms and etiology; including appropriate surgical and antimicrobial therapy, and a knowledge of the available types of antibiotics, their mechanism of action and complications
 - Conditions requiring either enteral and/or parenteral nutritional support; this should include an understanding of the metabolic response to trauma and an approach to fluid, electrolyte and acid base balance
 - The multiple injured (trauma) patient: the resident should have a systematic approach to initial assessment and management as well as the ongoing monitoring and care; also included should be an appreciation of the causes, and the investigation and management of a patient with a decreasing level of consciousness

3) Demonstrate proficient and appropriate use of procedural skills including:

- Intubation
- Central line access
- Arterial line placement
- Chest tube placement

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the Off-Service Resident:

- Obtain and present a complete history and physical examination of critically ill patients
- Effectively communicate with family about the status and prognosis of critically ill patients

Collaborator:

The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- Participate effectively and appropriately in an interprofessional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the Off-Service Resident:

- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in the setting of intensive patient care
- Understand when it is appropriate to refer or defer certain elements of care to more qualified individuals

Leader:

The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the Off-Service Resident:

- Able to effectively manage critically ill patients and acute issues during on-call shifts

Health Advocate:

The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the Off-Service Resident:

- Identify the health needs of an individual patient
- Recognize and respect the privacy of unconscious patients

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others

- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the Off-Service Resident:

- Demonstrates effective use of evidence based medicine practices in the care of critically ill patients
- Recognizes gaps in knowledge and works to correct these

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

Specific Examples for the Off-Service Resident:

- Demonstrate an awareness of the risks associated with the high stress environments such as the ICU/CCTC
- Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect and altruism

Rotation Specific Objectives – Community Plastics

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.

2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items which are particularly relevant to this rotation include:

- The resident should have an approach to the evaluation of and management of simple hand injuries such as phalangeal and metacarpal fractures, extensor lacerations and flexor tendon lacerations
- The resident should be able to examine and evaluate a patient for cosmetic breast surgery
- The resident should show competence in the management of small non-pigmented skin malignancies

3) Demonstrate proficient and appropriate use of procedural skills including:

- The resident should be able to repair simple extensor tendon lacerations
- The resident should be able to reduce simple phalangeal and metacarpal fractures
- The resident should be able to suture simple and complex skin lacerations

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- The resident should be able to effectively communicate with patients and families in a manner to communicate their medical issues and discuss prognosis

- The resident should be able to effectively communicate with patients and families in the process of obtaining a consent for surgical treatment. This should also include a discussion around resuscitation status
- The resident should be able to effectively communicate a surgical plan with other health care professionals including nursing and allied health staff

Collaborator:

The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- The resident should demonstrate an understanding of the role and value of all members of the allied health professional team. This should be demonstrated in the care of in-hospital patients and post-operative patients who have undergone free flap reconstruction
- The resident should be able to lead a multi-disciplinary team meeting and effectively communicate treatment plans to other team members

Leader:

The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- The resident should demonstrate an understanding of health care resource issues as it relates to surgical bookings in a community hospital
- The resident should be exposed to the management of a community surgeons' office. Specific issues that they should be exposed to are managing non-physician staff, triaging of consultations, and billings.

Health Advocate:

The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- The resident should demonstrate a willingness to educate patients on lifestyle choices that contribute to their health care issues
- The resident should participate and be involved in patient planning and home care issues

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- The resident should at all times demonstrate an attitude of respect and courtesy in their communications with all patient and family, other staff and services
- The resident should be punctual in attendance of clinical duties
- The resident should be complete and timely in the processing of clinical documents
- The resident should deal with consults in an appropriate manner for the service they are on

Rotation Specific Objectives – Emergency Medicine

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1)** Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2)** Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:

General Knowledge and Clinical Skills:

- To develop those skills appropriate to the initial assessment of undifferentiated patients in the ER
- To rapidly recognize the acutely ill/injured patient and to develop a systematic prioritized approach to his/her assessment and concomitant stabilization of treatment
- To quickly formulate a working differential diagnosis, focusing initially on the most serious conditions which need prompt confirmation or exclusion
- To develop the ability to manage multiple patients simultaneously
- To promptly formulate and establish assessment/therapeutic end points for appropriate referral/disposition
- To develop an appreciation for the indications for laboratory, radiologic, nuclear imaging and cardiologic investigations appropriate to the emergency setting
- To acquire familiarity with resuscitative medicine, especially where possible for burn patients
- To develop good documentation habits, with concise recording of negative and positive findings
- Given a patient in the Emergency Department, the resident must be able to diagnose, investigate and manage the following conditions:

- Cardiac Arrest
- Myocardial infarction
- Major trauma
- Poisoning and drug overdose
- Arrhythmias
- Shock
- The unconscious patient
- Acute pulmonary edema
- The intoxicated patient
- Asthma
- Burn care
- Fractures
- Minor lacerations
- Abscess
- Acute psychiatric disturbance
- Diabetic emergencies

3) Demonstrate proficient and appropriate use of procedural skills including:

- Resuscitation of the critically ill patient incorporating ATLS/ACLS protocols
- Bag valve mask ventilation
- Chest tube insertion
- Local I&D
- Endotracheal intubation
- Intravenous line insertion (peripheral +/- central)
- EKG and rhythm strip interpretation
- X-ray (Ultrasound, CT, plain film) interpretation
- Nasogastric tube placement
- Suturing
- Burn and wound dressing
- Plaster splinting and casting
- Local and regional anaesthesia
- Foreign body removal

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the Off-Service Resident:

- Able to explain treatment options to patient for basic clinical problems
- Demonstrates ability to effectively consult other services and communicate relevant issues

Collaborator:

The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- Participate effectively and appropriately in an interprofessional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the Off-Service Resident:

- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own
- Work with others to assess, plan, provide and integrate care for individual patients (e.g. CCAC, hand therapy, rehabilitation medicine)

Leader:

The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the Off-Service Resident:

- Able to manage and lead an acute resuscitation
- Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life

Health Advocate:

The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the Off-Service Resident:

- Identify the health needs of an individual patient
- Discuss benefits of smoking, ETOH and drug cessation with patients
- Recognize opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care (e.g. child abuse, domestic violence, smoking cessation, patient behaviours that place them at risk for disease or injury)

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the Off-Service Resident:

- Recognizes gaps in knowledge and works to develop strategies to improve these
- Develops knowledge of current literature
- Takes evidence based approach to the management of medical issues
- Accepts and acts on constructive feedback

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

Specific Examples for the Off-Service Resident:

- Demonstrates the ability to perform effective patient handover at the end of shift
- Shows respect of diversity of race, age, gender, sexual orientation, disability, intelligence and socio-economic status
- Reports facts accurately including own errors

Rotation Specific Objectives – ENT

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1)** Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2)** Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items which are particularly relevant to this rotation include:
 - The resident should have an approach to evaluation and management to cutaneous head and neck oncology. This should include an approach to ablation and lymph node dissection options, reconstruction of the head and neck defect and post-operative management
 - The resident should be able to identify the anatomy and surgical approach to common free flaps used in head and neck reconstruction and the common sites for recipient vessel anastomosis
 - The resident should show competence in the post-operative management of in hospital head and neck reconstructive patients.
 - The resident should have an approach to emergency airway management with an emphasis on the emergent surgical airway
- 3)** Demonstrate proficient and appropriate use of procedural skills including:
 - The resident should be exposed to tracheostomy
 - The resident should have an understanding of neck anatomy
 - The resident should have an understanding of common flaps used in head and neck reconstruction, both regional and free

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- The resident should be able to effectively communicate with patients and families in a manner to communicate their medical issues and discuss prognosis
- The resident should be able to effectively communicate with patients and families in the process of obtaining a consent for surgical treatment. This should also include a discussion around resuscitation status
- The resident should be able to effectively communicate a surgical plan with other health care professionals including nursing and allied health staff

Collaborator:

The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- The resident should demonstrate an understanding of the role and value of all members of the allied health professional team. This should be demonstrated in the care of in-hospital patients and post-operative patients who have undergone free flap reconstruction
- The resident should be able to lead a multi-disciplinary team meeting and effectively communicate treatment plans to other team members

Leader:

The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- The resident should demonstrate an understanding of health care resource issues as it relates to surgical bookings
- The resident should take a lead on patient discharge issues
- The resident should manage medical students on the team service and also have an opportunity to lead a teaching session for medical students

Health Advocate:

The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- The resident should demonstrate a willingness to educate patients on lifestyle choices that contribute to their health care issues
- The resident should participate and be involved in patient planning and home care issues

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- The resident should at all times demonstrate an attitude of respect and courtesy in their communications with all patient and family, other staff and services
- The resident should be punctual in attendance of clinical duties
- The resident should be complete and timely in the processing of clinical documents
- The resident should deal with consults in an appropriate manner for the service they are on

Rotation Specific Objectives – General Surgery

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.

2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items which are particularly relevant to this rotation include:

- Management of the post-operative patient who is critically ill. This should include management of chest pain, shortness of breath, decreased level of consciousness and sepsis and surgical site infection.
- Management of fluid status of post-operative patient and fluid resuscitation of the hypovolemic patient
- Management of the pre-op surgical patient both elective and patients who are ill, including nutritional and fluid status, hemodynamic and cardiovascular evaluation and patient consent

3) Demonstrate proficient and appropriate use of procedural skills including:

- Drainage of simple cutaneous abscess's and closure of lacerations
- Placement of chest tubes, arterial lines, central venous lines, peripheral vein cutdowns, nasogastric tubes, and foley catheters
- Closure of basic ventral and umbilical hernias and closure of abdominal wall defects

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- The resident should be able to effectively communicate with patients and families in a manner to communicate their medical issues and discuss prognosis
- The resident should be able to effectively communicate with patients and families in the process of obtaining consent for surgical treatment. This should also include a discussion around resuscitation status
- The resident should be able to effectively communicate a surgical plan with other health care professionals including nursing and allied health staff

Collaborator:

The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- The resident should demonstrate an understanding of the role and value of all members of the allied health professional team. This should be demonstrated in the care of in-hospital
- The resident should be able to lead a multi-disciplinary team meeting and effectively communicate treatment plans to other team members

Leader:

The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- The resident should demonstrate and understanding of health care resource issues as it relates to surgical bookings
- The resident should take a lead on patient discharge issues
- The resident should manage medical students on the team service and also have an opportunity to lead a teaching session for medical students

Health Advocate:

The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- The resident should demonstrate a willingness to educate patients on lifestyle choices that contribute to their health care issues
- The resident should participate and be involved in patient planning and home care issues

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- The resident should at all times demonstrate an attitude of respect and courtesy in their communications with all patient and family, other staff and services
- The resident should be punctual in attendance of clinical duties
- The resident should be complete and timely in the processing of clinical documents
- The resident should deal with consults in an appropriate manner for the service they are on

Rotation Specific Objectives – Oculoplastics

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:
 - Anatomy of the bony orbit
 - Anatomy of the upper and lower lid
 - Management of upper and lower lid defects both full and partial thickness
 - Understand the diagnosis and management of retrobulbar haematoma
 - Understand the principals of cosmetic upper and lower blepharoplasty approaches
 - Diagnosis and management of lid ptosis
- 3) Demonstrate proficient and appropriate use of procedural skills including:
 - Primary full thickness lid repair
 - lid occlusive suture
 - lateral canthotomy
 - local flap lid repair including tripiet and tenzel flaps

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the Off-Service Resident:

- Obtain and present a complete history and physical examination from patients with ocular trauma
- Dictate well organized and complete notes for medical records
- Able to explain treatment options to patient for basic clinical problems to patients

Collaborator:

The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- Participate effectively and appropriately in an interprofessional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the Off-Service Resident:

- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own

Leader:

The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the Off-Service Resident:

- Employ information technology appropriately for patient care
- Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life

Health Advocate:

The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the Off-Service Resident:

- Identify the health needs of an individual patient
- Recognize opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care (e.g. smoking cessation, sun exposure or other patient behaviours that place them at risk for disease or injury)

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the Off-Service Resident:

- Recognizes personal deficiencies in knowledge or skill and works to correct them
- Able to use an evidence based approach to diagnosis of patients

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

Specific Examples for the Off-Service Resident:

- Exhibit appropriate professional behaviours in practice, including punctuality, appropriate dress and language
- Respect the roles of others in a multidisciplinary team

Rotation Specific Objectives – Oral Surgery

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.

2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items which are particularly relevant to this rotation include:

- The Resident should demonstrate an ability to evaluate the pre-operative orthognathic patient, including basic orthodontic evaluation, cephalometric evaluation and pre-operative surgical planning
- The Resident should be able to evaluate dental trauma
- The Resident should be able to evaluate and understand management of temporal mandibular joint disorder

3) Demonstrate proficient and appropriate use of procedural skills including:

- The Resident should be able to extract uncomplicated teeth
- The Resident should be able to perform dental nerve blocks
- The Resident should be able to debride and drain a dental abscess

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- The resident should be able to effectively communicate with patients and families in a manner to communicate their medical issues and discuss prognosis
- The resident should be able to effectively communicate with patients and families in the process of obtaining consent for surgical treatment. This should also include a discussion around resuscitation status

- The resident should be able to effectively communicate a surgical plan with other health care professionals including nursing and allied health staff

Collaborator:

The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- The resident should demonstrate an understanding of the role and value of all members of the allied health professional team
- The resident should be able to lead a multi-disciplinary team meeting and effectively communicate treatment plans to other team members

Leader:

The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- The resident should demonstrate and understanding of health care resource issues as it relates to surgical bookings

Health Advocate:

The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- The resident should demonstrate a willingness to educate patients on lifestyle choices that contribute to their health care issues
- The resident should participate and be involved in patient dental care planning

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- The resident should at all times demonstrate an attitude of respect and courtesy in their communications with all patient and family, other staff and services
- The resident should be punctual in attendance of clinical duties
- The resident should be complete and timely in the processing of clinical documents
- The resident should deal with consults in an appropriate manner for the service they are on

Rotation Specific Objectives – Orthopedic Surgery

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:
 - Diagnosis and management of acute upper extremity injuries
 - Accurate interpretations of hand and wrist x-rays
 - Diagnosis of flexor and tendon injuries
 - Understanding of post-operative rehabilitation protocols for hand injuries
 - Exposure to revision hand surgery such as capsular release and tenolysis
 - Understanding of the principals of digit and hand replantation
 - Diagnosis of peripheral nerve injuries
 - Knowledge of peripheral nerve anatomy including the brachial plexus
 - Understanding of the principals of bone healing
 - Management of soft tissue upper extremity defects
 - Diagnosis and management of chronic wrist pain
- 3) Demonstrate proficient and appropriate use of procedural skills including:
 - Hand and wrist fracture reduction
 - Percutaneous pinning and ORIF of hand and wrist fractures
 - Extensor and flexor tendon repair
 - Carpal tunnel release
 - Trigger finger release
 - Digital or major peripheral nerve repair
 - Revision amputation of digits

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the Off-Service Resident:

- Obtain and present a complete history and physical examination from patients with hand and upper extremity injuries
- Able to explain treatment options to patients with upper extremity injuries
- Able to accurately communicate diagnosis and treatment plans to hand therapists

Collaborator:

The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- Participate effectively and appropriately in an interprofessional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the Off-Service Resident:

- Recognize and respect the role of occupational and physiotherapy in hand and upper limb rehabilitation
- Works to integrate care for individual patients including arranging CCAC, hand therapy, etc.

Leader:

The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the Off-Service Resident:

- Ability manage inpatients and lead a team of medical students during in-patient rounds
- Basic understanding of roles and activities of Worker's Compensation in hand and upper limb injuries

Health Advocate:

The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the Off-Service Resident:

- Identify the health needs of an individual patient and help them navigate short term disability during the recovery process
- Recognize opportunities for advocacy in hand injury patients in particular advocating for smoking cessation to aid with bone healing

Scholar:

The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the Off-Service Resident:

- Participate in morning HULC teaching rounds
- Utilize evidence based reasoning in proposed treatment plans for hand injuries

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

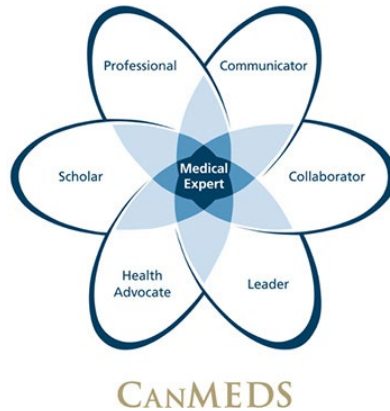
Specific Examples for the Off-Service Resident:

- Exhibit appropriate professional behaviours in practice, including punctuality, appropriate dress and language
- Respect the roles of others in a multidisciplinary team

Rotation Specific Objectives – Research

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1) The resident should be able to develop a method for conducting a thorough literature search on a topic.
- 2) The resident should be able to critically review a scientific article.
- 3) The resident should conduct and complete a simple scientific project and be involved in all aspects from conceiving the idea, ethics, completing the research, and write-up and presentation.
- 4) The project can be clinical or basic science.

Communicator:

- The resident should be able to present their research in regular meetings with their supervisor.
- The resident should have submitted the research for presentation at a scientific meeting. This can be done at the discretion of the resident and the supervisor.
- The resident should prepare at least one manuscript out of their project.

Collaborator:

- The resident should be able to lead a research team meeting and effectively communicate research plans to other team members.
- The resident should strive to have multiple supervisors in different specialties to work on their project.

Leader:

- The resident should be the lead on their project. The resident should actively be involved in all aspects of their project.
- The resident should initiate all project meetings.

Health Advocate:

- The resident should demonstrate an understanding of how their research will address a clinical problem.

Scholar:

- Critically evaluate information and its sources, and apply this appropriately to research decisions .
- The resident should be involved in the preparation of a manuscript for submission to a peer review source and presentation at a scientific meeting.

Professional:

- The resident should at all times demonstrate an attitude of respect and courtesy in their communications with all members of the research team.
- The resident should be punctual and able to complete deadlines.

Rotation Specific Objectives – Trauma

Introduction & Statement of Goals for the Rotation:

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



Medical Expert:

- 1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:
 - Management of a trauma patient with multiple injuries
 - Understands the principals of ATLS
 - Perform effective primary and secondary surveys in a trauma patient
 - Demonstrates understanding of when to prophylactically intubate a patient when airway compromise is anticipated
 - Assessment of trauma patients with facial fractures
 - Assessment of trauma patients with possible compartment syndrome
 - Assessment of trauma patients with burns
 - Assessment and early management of compound fractures
- 3) Demonstrate proficient and appropriate use of procedural skills including:
 - Reduction and external stabilization of acute fractures
 - Peripheral IV placement
 - Central line placement
 - Arterial line placement
 - Compartment pressure assessment
 - Repair of traumatic lacerations

Communicator:

The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the Off-Service Resident:

- Able to effectively explain medical issues and treatment options to patients and families
- Able to effectively communicate and handover with consulting services

Collaborator:

The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

- Participate effectively and appropriately in an interprofessional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the Off-Service Resident:

- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own in a trauma setting
- Work with others to plan appropriate disposition for the trauma patient

Leader:

The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels

- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the Off-Service Resident:

- Able to effectively run a trauma code and direct early care and management of a trauma patient

Health Advocate:

The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the Off-Service Resident:

- Identify the health needs of an individual patient.
- Encourages trauma patients to practice preventative measures such as wearing a helmet or seatbelt.
- Recognize and act appropriately if a trauma appears to be the result of abuse

Scholar:

The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the Off-Service Resident:

- Demonstrates willingness to practice evidence based medicine in caring for trauma patients
- Knowledgeable about the ATLS protocol
- Understands the principals of haemodynamic shock and acute resuscitation in a trauma patient

Professional:

The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

Specific Examples for the Off-Service Resident:

- Punctual to work and response to pager
- Maintains privacy of trauma patients
- Complete timely and thorough medical documentation

Site Objectives – St. Joseph’s Health Care

Learning Objectives ~ PGY2 Rotation at St. Joseph’s

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at St. Joseph’s Health Care encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise. The latter are summarized within the “Medical Expert” description below.

The PGY2 year is a period in which the plastic surgery resident will continue to lay the basis for plastic surgery residency and practice as well as consolidate the core knowledge required to successfully complete the Foundations of Surgery examination. As such, the following objectives rely both on general objectives as outlined for Surgical Foundations as well as those specific to Plastic Surgery.

In general, during this time of initial on-service rotations in your chosen specialty, the PGY2 resident should focus on acquiring broad knowledge of Plastic Surgery principles and fundamental skills that will serve as a foundation for lifelong learning during a career in Plastic Surgery.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



- A) Medical Expert:** The rotation at St. Joseph’s possesses particular expertise in: 1) wound healing, 2) skin & cutaneous malignancies, 3) hand surgery (including congenital hand surgery), 4) breast surgery, 5) trunk reconstruction, 6) microsurgery, 7) peripheral nerve surgery, 8) aesthetic surgery. The PGY2 resident should seek to establish baseline knowledge in broad principles which form the basis of assessment and treatment of patients with problems encompassed by these general categories.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the two Royal College documents, “Objectives of Surgical Foundations Training” and “Objectives of Training in Plastic Surgery” (Available at [Home \(royalcollege.ca\)](http://Home.royalcollege.ca)) include:

- 1)** Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.
- 2)** Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:
 - Anatomy (particularly hand, face, axial pattern flaps)
 - Disease states in organ systems and their impact on the surgical patient
 - Endocrine
 - Risk assessment strategies and scores

- Diagnostic modalities including their technology and limitations
- Oncology (including staging, genetics, multi-modality therapy etc.)
- Common infections (particularly hand, diabetic patients, iv drug abuse patients)
- Principles of anaesthesia, analgesia and sedation
- Demonstrate an understanding of routine post-operative patient care
- Compartment syndromes
- Wound healing

3) Demonstrate proficient and appropriate use of procedural skills including:

- Demonstrate effective, appropriate and timely performance of a surgical procedure while maintaining patient and team safety.
- Demonstrate effective operative assistance.
- Perform training-appropriate surgical skills (e.g. I&D, techniques of wound closure, wound opening, excision skin lesions).

B) Communicator: The communicator role is defined by: “As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.”

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the PGY2 Resident:

- Obtain and present a complete history and physical examination from patients with “undifferentiated” problems
- Dictate well organized and complete notes for medical records
- Able to explain treatment options to patient for basic clinical problems

C) Collaborator: The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Participate effectively and appropriately in an interprofessional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the PGY2 Resident:

- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own
- Work with others to assess, plan, provide and integrate care for individual patients (e.g. CCAC, hand therapy, rehabilitation medicine)

D) Leader: The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY2 Resident:

- Employ information technology appropriately for patient care
- Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- Basic understanding of roles and activities of Worker's Compensation, Provincial Coroner

E) Health Advocate: The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the PGY2 Resident:

- Identify the health needs of an individual patient.
- Recognize opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care (e.g. child abuse, domestic violence, smoking cessation, patient behaviours that place them at risk for disease or injury).

F) Scholar: The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document “Objectives of Surgical Foundations Training” include:

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the PGY2 Resident:

- Present and review cases at citywide rounds. Learn the general principles of “evidence-based medicine”
- Complete a project for annual Residents’ Research Day

G) Professional: The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document “Objectives of Surgical Foundations Training” include:

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

Specific Examples for the PGY2 Resident:

- Demonstrate an awareness of the risks associated with the high stress environments in which surgeons work
- Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect and altruism

Summary: It is important to review these objectives at the start of your rotation at St. Joseph’s Health Care. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. Ross at any time to discuss. We sincerely hope you enjoy your time with us.

Learning Objectives ~ PGY3 Rotation at St. Joseph's

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at St. Joseph's Health Care encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise. The latter are summarized within the "Medical Expert" description below.

The PGY3 year is a transition period from a time in which the majority of experiences are "off-service" to a time when the resident is fully immersed in the Plastic Surgery service. As such, it can be a stressful time when expectations of skills and knowledge seem high but the opportunity for experience has been limited. This is particularly true for the blocks early in the academic year.

In general, the PGY3 resident should acquire foundational skills and knowledge of Plastic Surgery that will serve as a basis for the acquisition of more complex and specific skills, attitudes and knowledge during their two senior on-service years.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



- A) Medical Expert:** The rotation at St. Joseph's possesses particular expertise in: 1) wound healing, 2) skin & cutaneous malignancies, 3) hand surgery (including congenital hand surgery), 4) breast surgery, 5) trunk reconstruction, 6) microsurgery, 7) peripheral nerve surgery, 8) aesthetic surgery. The PGY-3 resident should seek to establish baseline knowledge in each of these areas.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (Available at [Home \(royalcollege.ca\)](http://Home.royalcollege.ca)) include:

1) General: Perform a Plastic Surgery consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional, including the recognition, diagnosis, management and appropriate counseling.

2) Wound healing:
Knowledge:

- Normal and abnormal wound healing
- (Principles of) Grafts and flaps of the tissue types or composites thereof (bone, cartilage, other soft tissues)
- Principles of dressings

3) Skin & cutaneous malignancies:
Knowledge:

- Principles of tumour surgery, adjuvant therapies where appropriate, sentinel node biopsy and Moh's micrographic surgery
- Benign and malignant tumours of skin and its adnexa with emphasis on melanoma, basal cell cancer and squamous cell cancer (Principles)

4) Hand surgery:

Knowledge:

- Hand infections
- Principles of fracture reduction and fixation (including dislocations of the hand and wrist)
- Assessment and repair of tendon injuries
- Assessment and repair of finger/fingertip amputations

5) Breast:

- Principles of breast reconstruction post-mastectomy
- Breast hypertrophy
- Gynecomastia
- Assessment and principles of treatment of breast hypoplasia

6) Trunk reconstruction:

- Principles of assessment and treatment of pressure sores

7) Microsurgery:

- Principles of revascularization and replantation
- Principles of nerve and vessel repair

8) Peripheral nerve surgery:

- Clinical assessment of major nerves of upper extremity (excluding brachial plexus)
- Nerve compression syndromes of the upper limb

9) Aesthetic surgery:

- Effects of sun-damage, nicotine, and other environmental factors on the normal aging process
- (Principles of) Augmentation with alloplastic materials
- Assessment and principles of treatment of the aging face
- Assessment and principles of treatment of the patient requesting abdominal contouring

10) Technical skills:

- Revision amputation
- Extensor tendon repair
- Basics of flexor tendon repair
- Opening and closing of surgical wounds
- Microsurgical assisting
- Digital nerve repair
- Reduction of common hand and wrist fractures
- Local anaesthesia related to above
- Biopsy of cutaneous lesions
- Excision of common skin lesions
- Harvesting and use of split and full thickness skin grafts
- Design and execution of z-plasty, transposition and rotation flaps
- Planning and execution of basic breast reduction
- Placing of breast tissue expander for immediate reconstruction
- Carpal tunnel release
- Ulnar nerve transposition
- Liposuction
- Basics of breast augmentation

- Basics of abdominoplasty

B) Communicator: The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY3 Resident:

- Obtain and present a comprehensive and concise history and physical examination from patients with "undifferentiated" problems
- Dictate complete notes for medical records
- Able to explain treatment options to patient for various clinical problems including possible complications

C) Collaborator: The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the Plastic Surgeon's roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY3 Resident:

- Conduct “surgical pause” at beginning of operative procedures in conjunction with anaesthesia and nursing staff
- Participate collaboratively with colleagues in planning of call schedules, coverage of clinical responsibilities
- Communicate with hand therapists in the care of hand injuries

D) Leader: The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY3 Resident:

- Anticipate learning needs of medical students and participate in planning of their clinical responsibilities
- Help to organize junior and off-service residents' schedules
- Organize personal schedule to allow for participation in work, study time and “off work” time

E) Health Advocate: The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY3 Resident:

- Recognize populations at risk for lower extremity amputations
- Understand basics of the role of plastic surgery in global health initiatives

F) Scholar: The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role

include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence
- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY3 Resident:

- Assist in preparing site cases for weekly citywide rounds
- Learn the basics of "evidence-based medicine" and its application to plastic surgery
- Complete a project for annual Residents' Research Day

G) Professional: The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY-3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Appreciate the professional, legal and ethical codes of practice
- Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY3 Resident:

- Be aware of CPSO defined responsibilities of trainees in academic settings
- Create a sustainable plan to maintain personal physical health
- Maintain appropriate relationships with patients

Summary: It is important to review these objectives at the start of your rotation at St. Joseph's Health Care. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. Ross at any time to discuss. We sincerely hope you enjoy your time with us.

Learning Objectives ~ PGY4 Rotation at St. Joseph's

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at St. Joseph's Health Care encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise. The latter are summarized within the "Medical Expert" description below.

The PGY4 year is a consolidation period when the resident is fully immersed in the Plastic Surgery service. One should start to become a more effective teacher and mentor to junior residents.

In general, the PGY4 resident should build on the foundational skills and knowledge of the PGY3 resident and acquire of more complex and specific skills, attitudes and knowledge during their two senior on-service years.

Objectives of training are based upon the CanMeds Competencies which are summarized in the following diagram:



- A) Medical Expert:** The rotation at St. Joseph's possesses particular expertise in: 1) wound healing, 2) skin & cutaneous malignancies, 3) hand surgery (including congenital hand surgery), 4) breast surgery, 5) trunk reconstruction, 6) microsurgery, 7) peripheral nerve surgery, 8) aesthetic surgery. The PGY4 resident should seek to establish baseline knowledge in each of these areas.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (Available at [Home \(royalcollege.ca\)](http://royalcollege.ca) include:

1) General: Perform a Plastic Surgery consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional, including the recognition, diagnosis, management and appropriate counseling.

2) Wound healing:

Knowledge:

- Effect of radiation, diabetes mellitus and other disease processes on wound healing
- Indications for and techniques of using VAC therapy

3) Skin & cutaneous malignancies:

Knowledge:

- *Principles* of tumour surgery, adjuvant therapies where appropriate, sentinel node biopsy and Moh's micrographic surgery
- Benign and malignant tumours of skin and its adnexa with emphasis on melanoma, basal cell cancer and squamous cell cancer (*Principles*)

- Principles of treatment of soft tissue sarcomas of the upper extremity

4) Hand surgery:

Knowledge:

- Assessment and treatment of Dupuytren's disease
- Assessment and treatment of complications of tendon injuries including rupture and adhesions
- Principles of tendon transfers in the upper extremity
- Assessment and repair of soft tissue defects and composite tissue defects of the upper extremity

5) Breast:

- Principles of breast reconstruction post-mastectomy
- Breast hypertrophy
- Gynecomastia
- Assessment and principles of treatment of breast hypoplasia

6) Trunk reconstruction:

- Principles of assessment and treatment of pressure sores

7) Microsurgery:

- Principles of revascularization and replantation
- Principles of nerve and vessel repair

8) Peripheral nerve surgery:

- Clinical assessment of brachial plexus injuries
- Recurrent nerve compression syndromes of the upper limb
- Reconstruction of nerve defects

9) Aesthetic surgery:

- Assessment and principles of treatment of the aging forehead and brow including surgical and non-surgical options including dermal fillers, Botox
- Assessment and principles of treatment of esthetic breast abnormalities
- Assessment and principles of breast augmentation surgery
- Demonstrate the ability to assess and mark a breast reduction or mastopexy
- Principles of skin restoration including dermabrasion, chemical peels, lasers and retinoids

10) Technical skills:

- Surgical exposure of Dupuytren's disease
- Harvesting of tendon and nerve grafts
- Basics of flexor tendon tenolysis
- Basics of tumescent anesthesia and liposuction
- Excision Dupuytren's fascia
- Basics of breast augmentation
- Basics of Botox injection
- Basics of fat injection
- Basics of dermal filler injections
- Surgical techniques for open and endoscopic browlift

B) Communicator: The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY4 Resident:

- Appropriately communicate with referring physicians while on call to triage referrals and appropriate follow-up
- Explain pros and cons of various possible treatments to patients and obtain informed consent
- Assess, speak with, and reassure patients who have experienced surgical complications

C) Collaborator: The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the Plastic Surgeon's roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY4 Resident:

- Communicate with hand therapists re: plans for treatment
- Work with fellow residents to plan teaching rounds, weekly responsibilities on service
- Proactively review with nursing staff specific needs for operative cases

D) Leader: The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY4 Resident:

- Begin to effectively manage multiple demands on time (e.g. while on call)
- Delegate tasks for more junior learners such as medical students
- Develop knowledge of requirements for postgraduate fellowships and begin to plan/apply as appropriate

E) Health Advocate: The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY4 Resident:

- Begin to identify “at risk” patient populations and address their particular health needs
- Learn the elements of effective interventions for weight loss, smoking cessation etc.

F) Scholar: The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence
- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY4 Resident:

- Provide evaluation feedback to more junior learners
- Submit a research project for ethics approval
- Present one project at a scholarly meeting

G) Professional: The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Appreciate the professional, legal and ethical codes of practice
- Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY4 Resident:

- Be aware of the requirements for, and obtain Consent for Photography of patients to be used in both a clinical and academic settings
- Construct a plan for acquiring knowledge which will form the basis for lifelong learning in professional practice (i.e. study plan)

Summary: It is important to review these objectives at the start of your rotation at St. Joseph's Health Care. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. Ross at any time to discuss. We sincerely hope you enjoy your time with us.

Learning Objectives ~ PGY5 Rotation at St. Joseph's

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at St. Joseph's Health Care encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise. The latter are summarized within the "Medical Expert" description below.

The PGY5 year is a period when the resident is transitioning from the role of "supervised learner" to that of an independently practicing surgeon. As such, increasing independence and a proactive attitude to patient care is encouraged and expected. Technical skills evolve at a different pace in each learner but it is expected that at the completion of the PGY5 year, the resident will be able to safely operate in an independent manner while at all times respecting patient safety.

In general, the PGY5 resident should build on the foundational skills and knowledge of the preceding 4 years to consolidate knowledge, judgment and skills to provide independent care for all aspects of patient care.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



- A) Medical Expert:** For the rotation at SJHC, the PGY5 resident should seek to establish baseline knowledge in each of the following areas.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (Available at [Home \(royalcollege.ca\)](http://royalcollege.ca)) include:

1) General: Function effectively as a "junior consultant", integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.

2) Wound healing:

Knowledge:

- Ability to direct external agencies (such as CCAC) to manage chronic and complex wounds in an effective and cost-efficient manner
- Anticipate and plan for reconstruction of complex and unfavorable wounds in a rational and considered fashion

3) Skin & cutaneous malignancies:

Knowledge:

- Indications for and limitations of sentinel node biopsy in melanoma and other cutaneous malignancies
- Comprehensive planning for all types of local flaps
- Knowledge of adjuvant therapies for the treatment of skin cancers
- Surgical anatomy of groin and axillary node dissections

4) Hand surgery:

- Treatment of recurrent and advanced Dupuytren's disease
- Technique of two stage flexor tendon reconstructions
- Specific techniques for tendon transfers in the upper extremity (median, ulnar and radial nerve palsies)
- Comprehensive management of amputations (including replantation)
- Comprehensive management of complex upper extremity wounds/injuries
- Management of all hand and carpal fractures and dislocations including scaphoid non-union
- Comprehensive management of all compression neuropathies in the upper extremity
- Comprehensive management of arthritis in the hand and wrist

5) Breast:

- Comprehensive management of the irradiated breast in reconstruction
- Mastopexy including all options for scars/patterns
- Reconstruction of the constricted breast
- Advanced techniques in breast reduction (alternative pedicles etc.)
- Options for, and anatomy of, all flap options for breast reconstruction

6) Trunk reconstruction:

- Treatment of (and anatomy of flaps to treat) recurrent pressure sores
- Treatment of massive abdominal hernias with component separation

7) Microsurgery:

- Replantation of major amputations
- Harvesting and use of vein grafts for microvascular surgery
- Comprehensive management of the failing free flap

8) Peripheral nerve surgery:

- Clinical pre-operative and intra-operative decision making for the injured brachial plexus
- Techniques for nerve transfers and grafting in the upper extremity
- Assessment and treatment of peripheral nerve tumours

9) Aesthetic surgery:

- Assessment and principles of treatment of the aging face and neck and eyelids which includes surgical and non-surgical options including skin resurfacing and volume enhancement with fillers
- Assessment and principles of treatment of nasal deformities including external deformity and airway problems

10) Technical skills:

- Excision/release of recurrent Dupuytren's disease
- Anastomosis of vessels > 2mm diameter
- Nerve grafting
- Execution of all types of local flaps
- Closed and open reduction of all types of hand and carpal fractures/dislocations
- Tendon transfers for median, ulnar and radial nerve palsies
- Bone grafting for scaphoid non-union
- Arthroplasty of thumb CMC joint
- Breast reconstruction using pedicled latissimus dorsi flap
- Breast reconstruction using tissue expanders/implants
- Elevation of TRAM/DIEP flaps for breast reconstruction
- Complete axillary and groin dissections

- Elevation of a facelift flap and SMAS plication
- Elevation of a necklift flap and platysmal plication
- Elevation of a lower lid muscle skin flap and creation of lower lid support with a canthopexy
- Completion of the external approach to rhinoplasty

B) Communicator: The communicator role is defined by: “As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.”

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY5 Resident:

- Appropriately communicate with consultants on other services to expedite and coordinate patient care
- Fully explain a planned surgical procedure in a comprehensive and expeditious fashion
- Communicate in an independent fashion with patients about post-operative concerns

C) Collaborator: The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the Plastic Surgeon’s roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY5 Resident:

- In a leadership role, effectively collaborate with nurses, anaesthesia staff and other members of the health care team to enhance patient care.
- Effectively listen to, acknowledge and facilitate the learning needs of, fellow residents in providing patient care

Leader: The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.”

For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY5 Resident:

- Effectively manage duties and responsibilities of more junior members of surgical team including call schedules etc.
- Effectively manage multiple, at times conflicting, demands upon time
- Create weekly assignment schedule for medical students, junior residents and senior residents on service

D) Health Advocate: The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY5 Resident:

- Anticipate differing needs and adjust care of disadvantaged populations (e.g. the elderly, drug dependence etc.)
- Understand the role of plastic surgical organizations in advocating for patient health
- Understand the role of plastic surgery in enhancing global health initiatives

E) Scholar: The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence

- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY5 Resident:

- Submit one research project to a peer reviewed publication
- Develop and implement a comprehensive study plan in preparation for Royal College qualifying examinations
- Successfully complete the Royal College qualifying examinations

F) Professional: The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Appreciate the professional, legal and ethical codes of practice
- Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY5 Resident:

- Develop and implement a personal fitness plan while preparing for Royal College qualifying examinations
- Complete any plans for fellowships and/or job opportunities
- Plan for and complete preparations requirements for independent licensure

Summary: It is important to review these objectives at the start of your rotation at St. Joseph's Health Care. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. Ross at any time to discuss. We sincerely hope you enjoy your time with us.

Site Objectives – University Hospital

Learning Objectives ~ PGY2 Rotation at University Hospital

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at University Hospital encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise. The latter are summarized within the “Medical Expert” description below.

The PGY2 year is a period in which the plastic surgery resident will continue to lay the basis for plastic surgery residency and practice as well as consolidate the core knowledge required to successfully complete the Foundations of Surgery examination. As such, the following objectives rely both on general objectives as outlined for Surgical Foundations as well as those specific to Plastic Surgery.

In general, during this time of initial on-service rotations in your chosen specialty, the PGY2 resident should focus on acquiring broad knowledge of Plastic Surgery principles and fundamental skills that will serve as a foundation for lifelong learning during a career in Plastic Surgery.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



- A) Medical Expert:** The rotation at University Hospital possesses particular expertise in: 1) hand surgery, 2) breast surgery, 3) trunk and scalp reconstruction, 4) microsurgery, 5) aesthetic surgery. The PGY2 resident should seek to establish baseline knowledge in broad principles which form the basis of assessment and treatment of patients with problems encompassed by these general categories.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the two Royal College documents, “Objectives of Surgical Foundations Training” and “Objectives of Training in Plastic Surgery” (Available at [Home \(royalcollege.ca\)](http://Home.royalcollege.ca)) include:

1) Demonstrate the ability to perform a consultation, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.

2) Establish and maintain clinical knowledge, skills and attitudes appropriate to surgical practice. Subcategory items from the Surgical Foundations objectives which are particularly relevant to this rotation include:

- Anatomy (particularly hand, face, various free flaps)
- Disease states in organ systems and their impact on the surgical patient
- Risk assessment strategies and scores
- Diagnostic modalities including their technology and limitations
- Oncology (including staging, genetics, multi-modality therapy etc.)
- Common infections (particularly hand, diabetic patients, iv drug abuse patients)
- Principles of anaesthesia, analgesia and sedation
- Demonstrate an understanding of routine post-operative patient care
- Compartment syndromes
- Wound healing

3) Demonstrate proficient and appropriate use of procedural skills including:

- Demonstrate effective, appropriate and timely performance of a surgical procedure while maintaining patient and team safety
- Demonstrate effective operative assistance
- Perform training-appropriate surgical skills (e.g. I&D, techniques of wound closure, wound opening, excision skin lesions)

B) Communicator: The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, "Objectives of Surgical Foundations Training" include:

- Develop rapport, trust, and ethical therapeutic relationships with patients and families.
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals.
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals.
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care.
- Convey effective oral and written information about a medical encounter.

Specific Examples for the PGY2 Resident:

- Obtain and present a complete history and physical examination from patients with "undifferentiated" problems.
- Dictate well organized and complete notes for medical records.
- Able to explain treatment options to patient for basic clinical problems.

C) Collaborator: The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, "Objectives of Surgical Foundations Training" include:

- Participate effectively and appropriately in an inter-professional and interdisciplinary health care team.
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict.

Specific Examples for the PGY2 Resident:

- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own.
- Work with others to assess, plan, provide and integrate care for individual patients (e.g. CCAC, hand therapy, rehabilitation medicine).

D) Leader: The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY2 Resident:

- Employ information technology appropriately for patient care
- Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- Basic understanding of roles and activities of Worker's Compensation, Provincial Coroner

E) Health Advocate: The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the PGY2 Resident:

- Identify the health needs of an individual patient
- Recognize opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care (e.g., child abuse, domestic violence, smoking cessation, patient behaviours that place them at risk for disease or injury)

- F) Scholar:** The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the PGY2 Resident:

- Present and review cases at citywide rounds.
- Learn the general principles of “evidence-based medicine.”
- Complete a project for annual Residents’ Research Day.

- G) Professional:** The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

Specific Examples for the PGY2 Resident:

- Demonstrate an awareness of the risks associated with the high stress environments in which surgeons work
- Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect and altruism

Summary: It is important to review these objectives at the start of your rotation at University Hospital. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. Grant at any time to discuss. We sincerely hope you enjoy your time with us.

Learning Objectives ~ PGY3 Rotation at University Hospital

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at University Hospital encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise. The latter are summarized within the "Medical Expert" description below.

The PGY3 year is a transition period from a time in which the majority of experiences are "off-service" to a time when the resident is fully immersed in the Plastic Surgery service. As such, it can be a stressful time when expectations of skills and knowledge seem high but the opportunity for experience has been limited. This is particularly true for the blocks early in the academic year.

In general, the PGY3 resident should acquire foundational skills and knowledge of Plastic Surgery that will serve as a basis for the acquisition of more complex and specific skills, attitudes and knowledge during their two senior on-service years.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



- A) Medical Expert:** The rotation at University Hospital possesses particular expertise in: 1) hand surgery, 2) breast surgery, 3) trunk and scalp reconstruction, 4) microsurgery, 5) peripheral nerve surgery, 6) aesthetic surgery. The PGY3 resident should seek to establish baseline knowledge in each of these areas.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (Available at [Home \(royalcollege.ca\)](http://Home.royalcollege.ca)) include:

1) General: Perform a Plastic Surgery consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional, including the recognition, diagnosis, management and appropriate counseling.

2) Wound healing:

Knowledge:

- Normal and abnormal wound healing
- (Principles of) Grafts and flaps of the tissue types or composites thereof (bone, cartilage, other soft tissues)
- Principles of dressings

3) Skin & cutaneous malignancies:

Knowledge:

- Principles of tumour surgery, adjuvant therapies where appropriate

- Benign and malignant tumours of skin and its adnexa with emphasis on melanoma, basal cell cancer and squamous cell cancer (Principles)

4) Hand surgery:

Knowledge:

- Hand infections
- Principles of fracture reduction and fixation (including dislocations of the hand)
- Assessment and repair of tendon injuries
- Assessment and repair of finger/fingertip amputations

5) Breast:

- Principles of breast reconstruction post-mastectomy
- Breast hypertrophy
- Assessment and principles of treatment of breast hypoplasia

6) Trunk and scalp reconstruction:

- Principles of assessment and treatment of abdominal wall defects and scalp / skull defects

7) Microsurgery:

- Principles of vessel and nerve repair

8) Peripheral nerve surgery:

- Clinical assessment of major nerves of upper extremity (excluding brachial plexus)
- Nerve compression syndromes of the upper limb

9) Aesthetic surgery:

- Effects of sun-damage, nicotine, and other environmental factors on the normal aging process
- (Principles of) Augmentation with alloplastic materials
- Assessment and principles of treatment of the aging face
- Assessment and principles of treatment of the patient requesting abdominal contouring

10) Technical skills:

- Revision amputation
- Extensor tendon repair
- Basics of flexor tendon repair
- Appropriate exposure in the hand
- Microsurgical assisting
- Digital nerve repair
- Local anaesthesia related to above
- Biopsy of cutaneous lesions
- Excision of common skin lesions
- Harvesting and use of split and full thickness skin grafts
- Design and execution of z-plasty, transposition and rotation flaps
- Planning and execution of basic breast reduction
- Placing of breast tissue expander for immediate reconstruction
- Carpal tunnel release
- Ulnar nerve transposition
- Liposuction
- Basics of breast augmentation
- Basics of abdominoplasty

- B) Communicator:** The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY3 Resident:

- Obtain and present a comprehensive and concise history and physical examination from patients with "undifferentiated" problems
- Dictate complete notes for medical records
- Able to explain treatment options to patient for various clinical problems including possible complications

- C) Collaborator:** The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the Plastic Surgeon's roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY3 Resident:

- Conduct "surgical pause" at beginning of operative procedures in conjunction with anaesthesia and nursing staff
- Participate collaboratively with colleagues in planning of call schedules, coverage of clinical responsibilities
- Communicate with hand therapists in the care of hand injuries

- D) Leader:** The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY3 Resident:

- Anticipate learning needs of medical students and participate in planning of their clinical responsibilities
- Help to organize junior and off-service residents' schedules
- Organize personal schedule to allow for participation in work, study time and "off work" time

- E) Health Advocate:** The health advocate role is defined by: "As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change." The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY3 Resident:

- Recognize populations at risk for lower extremity amputations
- Understand basics of the role of plastic surgery in global health initiatives

- F) Scholar:** The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence
- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY3 Resident:

- Assist in preparing site cases for weekly citywide rounds
- Learn the basics of “evidence-based medicine” and its application to plastic surgery
- Complete a project for annual Residents' Research Day

G) Professional: The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Appreciate the professional, legal and ethical codes of practice
- Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY3 Resident:

- Be aware of CPSO defined responsibilities of trainees in academic settings
- Create a sustainable plan to maintain personal physical health
- Maintain appropriate relationships with patients

Summary: It is important to review these objectives at the start of your rotation at University Hospital. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. Grant at any time to discuss. We sincerely hope you enjoy your time with us.

Learning Objectives ~ PGY4 Rotation at University Hospital

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at University Hospital encompasses both general principles of Plastic Surgery as well as specific sub-specialty areas of clinical expertise. The latter are summarized within the "Medical Expert" description below.

The PGY4 year is a consolidation period when the resident is fully immersed in the Plastic Surgery service. One should start to become a more effective teacher and mentor to junior residents.

In general, the PGY4 resident should build on the foundational skills and knowledge of the PGY3 resident and acquire of more complex and specific skills, attitudes and knowledge during their two senior on-service years.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



A) Medical Expert: The rotation at University Hospital possesses particular expertise in: 1) skin & cutaneous malignancies, 2) hand surgery, 3) breast surgery, 4) trunk, scalp and lower extremity reconstruction, 5) microsurgery, 6) peripheral nerve surgery, 7) aesthetic surgery. The PGY-4 resident should seek to establish baseline knowledge in each of these areas.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (Available at [Home \(royalcollege.ca\)](http://royalcollege.ca)) include:

1) General: Perform a Plastic Surgery consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional, including the recognition, diagnosis, management and appropriate counseling.

2) Wound healing:

Knowledge:

- Effect of radiation, diabetes mellitus and other disease processes on wound healing
- Indications for and techniques of using VAC therapy

3) Skin & cutaneous malignancies:

Knowledge:

- Principles of tumour surgery, adjuvant therapies where appropriate
- Benign and malignant tumours of skin and its adnexa with emphasis on melanoma, basal cell cancer and squamous cell cancer (Principles)
- Principles of treatment of soft tissue sarcomas of the upper extremity

4) Hand surgery:

Knowledge:

- Assessment and treatment of Dupuytren's disease
- Assessment and treatment of complications of tendon injuries including rupture and adhesions
- Principles of tendon transfers in the upper extremity
- Assessment and repair of soft tissue defects and composite tissue defects of the upper extremity

5) Breast:

- Principles of breast reconstruction post-mastectomy
- Breast hypertrophy
- -+Assessment and principles of treatment of breast hypoplasia

6) Trunk, scalp, and lower extremity reconstruction:

- Principles of assessment and treatment of pressure sores
- Principles and treatment of scalp & skull defects
- Principles of lower extremity reconstruction

7) Microsurgery:

- Principles of revascularization and replantation
- Principles of nerve and vessel repair

8) Peripheral nerve surgery:

- Recurrent nerve compression syndromes of the upper limb
- Reconstruction of nerve defects

9) Aesthetic surgery:

- Assessment and principles of treatment of the aging forehead brow and eyelids
- Assessment and principles of treatment of the aging face and neck
- Assessment and principles of treatment of esthetic breast abnormalities
- Assessment and principles of breast augmentation surgery
- Demonstrate the ability to assess and mark a breast reduction or mastopexy
- Principles of skin restoration including dermabrasion, chemical peels, lasers and retinoids
- Principles of abdominoplasty
- Principles of liposuction

10) Technical skills:

- Surgical exposure of Dupuytren's disease
- Harvesting of tendon and nerve grafts
- Basics of flexor tendon tenolysis
- Basics of tumescent anesthesia and liposuction
- Excision Dupuytren's fascia
- Basics of breast augmentation
- Basics of fat injection
- Surgical techniques for open and endoscopic browlift

B) Communicator: The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes

- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY4 Resident:

- Appropriately communicate with referring physicians while on call to triage referrals and appropriate follow-up
- Explain pros and cons of various possible treatments to patients and obtain informed consent
- Assess, speak with, and reassure patients who have experienced surgical complications

C) Collaborator: The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the Plastic Surgeon's roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY4 Resident:

- Communicate with hand therapists regarding plans for treatment
- Work with fellow residents to plan teaching rounds, weekly responsibilities on service
- Proactively review with nursing staff specific needs for operative cases

D) Leader: The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY4 Resident:

- Begin to effectively manage multiple demands on time (e.g., while on call)
- Delegate tasks for more junior learners such as medical students
- Develop knowledge of requirements for postgraduate fellowships and begin to

plan/apply as appropriate

- E) Health Advocate:** The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY4 Resident:

- Begin to identify “at risk” patient populations and address their particular health needs
- Learn the elements of effective interventions for weight loss, smoking cessation etc.

- F) Scholar:** The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence
- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY4 Resident:

- Provide evaluation feedback to more junior learners
- Submit a research project for ethics approval
- Present one project at a scholarly meeting

- G) Professional:** The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Exhibit appropriate professional behaviors in practice, including honesty, integrity,

- commitment, compassion, respect and altruism
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
 - Balance personal and professional priorities to ensure personal health and a sustainable practice
 - Appreciate the professional, legal and ethical codes of practice
 - Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY4 Resident:

- Be aware of the requirements for, and obtain Consent for Photography of patients to be used in both a clinical and academic settings
- Construct a plan for acquiring knowledge which will form the basis for lifelong learning in professional practice (ie. study plan)

Summary: It is important to review these objectives at the start of your rotation at University Hospital. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. Grant at any time to discuss. We sincerely hope you enjoy your time with us.

Learning Objectives ~ PGY5 Rotation at University Hospital

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at University Hospital encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise. The latter are summarized within the "Medical Expert" description below.

The PGY5 year is a period when the resident is transitioning from the role of "supervised learner" to that of an independently practicing surgeon. As such, increasing independence and a proactive attitude to patient care is encouraged and expected. Technical skills evolve at a different pace in each learner but it is expected that at the completion of the PGY5 year, the resident will be able to safely operate in an independent manner while at all times respecting patient safety.

In general, the PGY5 resident should build on the foundational skills and knowledge of the preceding 4 years to consolidate knowledge, judgment and skills to provide independent care for all aspects of patient care.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



- A) Medical Expert:** For the rotation at University Hospital, the PGY5 resident should seek to establish baseline knowledge in each of the following areas.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery (Available at [Home \(royalcollege.ca\)](http://Home.royalcollege.ca)) include:

1) General:

- Function effectively as a "junior consultant", integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care.

2) Wound healing:

Knowledge:

- Ability to direct external agencies (such as CCAC) to manage chronic and complex wounds in an effective and cost-efficient manner
- Anticipate and plan for reconstruction of complex and unfavorable wounds in a rational and considered fashion

3) Skin & cutaneous malignancies:

Knowledge:

- Indications for and limitations of sentinel node biopsy in melanoma and other cutaneous malignancies
- Comprehensive planning for all types of local flaps
- Knowledge of adjuvant therapies for the treatment of skin cancers

- Surgical anatomy of groin and axillary node dissections

4) Hand surgery:

- Treatment of recurrent and advanced Dupuytren's disease
- Technique of two stage flexor tendon reconstructions
- Specific techniques for tendon transfers in the upper extremity (median, ulnar and radial nerve palsies)
- Comprehensive management of amputations (including replantation)
- Comprehensive management of complex upper extremity wounds/injuries
- Comprehensive management of all compression neuropathies in the upper extremity
- Comprehensive management of arthritis in the hand

5) Breast:

- Comprehensive management of the irradiated breast in reconstruction
- Mastopexy including all options for scars/patterns
- Reconstruction of the constricted breast
- Techniques in breast reduction
- Options for, and anatomy of, all flap options for breast reconstruction

6) Trunk and Scalp reconstruction:

- Treatment of (and anatomy of flaps to treat) abdominal, chest (sternal) and scalp defects
- Treatment of massive abdominal hernias with component separation

7) Microsurgery:

- Harvesting and use of vein grafts for microvascular surgery
- Comprehensive management of the failing free flap

8) Peripheral nerve surgery:

- Techniques for nerve transfers and grafting in the upper extremity
- Assessment and treatment of peripheral nerve tumours

9) Aesthetic surgery:

- Assessment of the aging face and development of a plan for surgical management
- Assessment of hypoplastic and ptotic breasts, and development of a plan to treat appropriately
- Assessment of the post-pregnancy abdomen, with appropriate surgical planning to correct

10) Technical skills:

- Excision/release of recurrent Dupuytren's disease
- Anastomosis of vessels > 2mm diameter
- Nerve grafting
- Execution of all types of local flaps
- Closed and open reduction of all types of hand fractures/dislocations
- Tendon transfers for median, ulnar and radial nerve palsies
- Arthroplasty of thumb CMC joint
- Breast reconstruction using pedicled latissimus dorsi flap
- Breast reconstruction using tissue expanders/implants
- Elevation of TRAM/DIEP flaps for breast reconstruction

B) Communicator: The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY5 Resident:

- Appropriately communicate with consultants on other services to expedite and coordinate patient care
- Fully explain a planned surgical procedure in a comprehensive and expeditious fashion
- Communicate in an independent fashion with patients about post-operative concerns

C) Collaborator: The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the Plastic Surgeon's roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY5 Resident:

- In a leadership role, effectively collaborate with nurses, anaesthesia staff and other members of the health care team to enhance patient care.
- Effectively listen to, acknowledge and facilitate the learning needs of, fellow residents in providing patient care

D) Leader: The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels

- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY5 Resident:

- Effectively manage duties and responsibilities of more junior members of surgical team including call schedules etc.
- Effectively manage multiple, at times conflicting, demands upon time
- Create weekly assignment schedule for medical students, junior residents and senior residents on service

E) Health Advocate: The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY5 Resident:

- Anticipate differing needs and adjust care of disadvantaged populations (e.g., the elderly, drug dependence etc.)
- Understand the role of plastic surgical organizations in advocating for patient health
- Understand the role of plastic surgery in enhancing global health initiatives

F) Scholar: The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence
- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY5 Resident:

- Submit one research project to a peer reviewed publication
- Develop and implement a comprehensive study plan in preparation for Royal College qualifying examinations
- Successfully complete the Royal College qualifying examinations

G) Professional: The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Appreciate the professional, legal and ethical codes of practice
- Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY5 Resident:

- Develop and implement a personal fitness plan while preparing for Royal College qualifying examinations
- Complete any plans for fellowships and/or job opportunities
- Plan for and complete preparations requirements for independent licensure

Summary: It is important to review these objectives at the start of your rotation at University Hospital. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. Grant at any time to discuss. We sincerely hope you enjoy your time with us.

Site Objectives – Victoria Hospital

Learning Objectives ~ PGY2 Rotation at Victoria Hospital

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at Victoria Hospital encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise.

The PGY2 year is a period in which the plastic surgery resident will continue to lay the basis for plastic surgery residency and practice as well as consolidate the core knowledge required to successfully complete the Foundations of Surgery examination. As such, the following objectives rely both on general objectives as outlined for Surgical Foundations as well as those specific to Plastic Surgery.

In general, during this time of initial on-service rotations in your chosen specialty, the PGY2 resident should focus on acquiring broad knowledge of Plastic Surgery principles and fundamental skills that will serve as a foundation for lifelong learning during a career in Plastic Surgery.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



- A) Medical Expert:** Please refer to the technical skills chart for different PGY levels.
- B) Communicator:** The communicator role is defined by: “As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.”

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Develop rapport, trust, and ethical therapeutic relationships with patients and families
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Convey effective oral and written information about a medical encounter

Specific Examples for the PGY2 Resident:

- Obtain and present a complete history and physical examination from patients with “undifferentiated” problems
- Dictate well organized and complete notes for medical records
- Able to explain treatment options to patient for basic clinical problems
- Communicate with nursing and therapists treatment plans and goals of management
- Learn to communicate with other specialists involved in joint patient care

C) Collaborator: The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Participate effectively and appropriately in an inter-professional and interdisciplinary health care team
- Work with other health professionals effectively to prevent, negotiate, and resolve conflict

Specific Examples for the PGY2 Resident:

- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own
- Work with other staff to assess, plan, provide and integrate care for individual patients (e.g. CCAC, hand therapy, rehabilitation medicine)
- To respect and assist in overcoming problems and obstacles that allied health professionals have in provided care for our patients

D) Leader: The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY2 Resident:

- Employ information technology appropriately for patient care
- Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- Basic understanding of roles and activities of Worker’s Compensation, Provincial Coroner
- Be involved and assist in the education of medical students and clerks

- E) Health Advocate:** The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Respond to individual patient health needs and issues as part of patient care
- Describe and respond to the health needs of the communities that they serve
- Promote the health of individual patients, communities, and populations
- Promote and participate in patient safety

Specific Examples for the PGY2 Resident:

- Identify the health needs of an individual patient
 - Recognize opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care (e.g. child abuse, domestic violence, smoking cessation, patient behaviours that place them at risk for disease or injury)
- F) Scholar:** The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
- Demonstrate an understanding of the principles of dissemination of new knowledge

Specific Examples for the PGY2 Resident:

- Present and review cases at citywide rounds
 - Learn the general principles of “evidence-based medicine”
 - Complete a project for annual Residents’ Research Day
- G) Professional:** The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY2 resident which are taken from the Royal College document, “Objectives of Surgical Foundations Training” include:

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice
-

Specific Examples for the PGY2 Resident:

- Demonstrate an awareness of the risks associated with the high stress environments in which surgeons work
- Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Be punctual for OR's, clinics, and teaching events
- Learn to speak in the prose of a surgeon both to colleagues and in teaching activities

Summary: It is important to review these objectives at the start of your rotation at Victoria Hospital. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. DeLyzer at any time to discuss. We sincerely hope you enjoy your time with us.

Learning Objectives ~ PGY3 Rotation at Victoria Hospital

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at Victoria Hospital encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise. The latter are summarized within the “Medical Expert” description below.

The PGY3 year is a transition period from a time in which the majority of experiences are “off-service” to a time when the resident is fully immersed in the Plastic Surgery service. As such, it can be a stressful time when expectations of skills and knowledge seem high but the opportunity for experience has been limited. This is particularly true for the blocks early in the academic year.

In general, the PGY3 resident should acquire foundational skills and knowledge of Plastic Surgery that will serve as a basis for the acquisition of more complex and specific skills, attitudes and knowledge during their two senior on-service years.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



A) Medical Expert: Please refer to the technical skills chart for each PGY level.

B) Communicator: The communicator role is defined by: “As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.”

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY3 Resident:

- Obtain and present a comprehensive and concise history and physical examination from patients with “undifferentiated” problems
- Dictate complete notes for medical records
- Able to explain treatment options to patient for various clinical problems including possible complications
- Learn to discuss cases with referring physicians

C) Collaborator: The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the Plastic Surgeon’s roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY3 Resident:

- Conduct “surgical pause” at beginning of operative procedures in conjunction with anaesthesia and nursing staff
- Participate collaboratively with colleagues in planning of call schedules, coverage of clinical responsibilities
- Communicate with hand therapists in the care of hand injuries
- Coordinate discharge planning with allied staff

D) Leader: The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY3 Resident:

- Anticipate learning needs of medical students and participate in planning of their clinical responsibilities
- Help to organize junior and off-service residents’ schedules
- Organize personal schedule to allow for participation in work, study time and “off work” time
- Learn to manage ward and consult responsibilities

- E) Health Advocate:** The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY3 Resident:

- Recognize populations at risk for lower extremity amputations
- Understand basics of the role of plastic surgery in global health initiatives
- Learn to deal with narcotic dependent patients

- F) Scholar:** The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence
- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY3 Resident:

- Assist in preparing site cases for weekly citywide rounds
- Learn the basics of “evidence-based medicine” and its application to plastic surgery
- Complete a project for annual Residents’ Research Day

- G) Professional:** The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY3 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

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

- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Appreciate the professional, legal and ethical codes of practice
- Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY3 Resident:

- Be aware of CPSO defined responsibilities of trainees in academic settings
- Create a sustainable plan to maintain personal physical health
- Maintain appropriate relationships with patients
- Expected to speak in an appropriate manner to staff, colleagues, and patients

Summary: It is important to review these objectives at the start of your rotation at Victoria Hospital. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. DeLyzer at any time to discuss. We sincerely hope you enjoy your time with us.

Learning Objectives ~ PGY4 Rotation at Victoria Hospital

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at Victoria Hospital encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise.

The PGY4 year is a consolidation period when the resident is fully immersed in the Plastic Surgery service. One should start to become a more effective teacher and mentor to junior residents.

In general, the PGY4 resident should build on the foundational skills and knowledge of the PGY3 resident and acquire of more complex and specific skills, attitudes and knowledge during their two senior on-service years.

Objectives of training are based upon the CanMEDS Competencies which are summarized in the following diagram:



A) Medical Expert: Please refer to the technical skills chart for different PGY levels.

B) Communicator: The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY4 Resident:

- Appropriately communicate with referring physicians while on call to triage referrals and appropriate follow-up
- Explain pros and cons of various possible treatments to patients and obtain informed consent
- Assess, speak with, and reassure patients who have experienced surgical

complications

- C) Collaborator:** The collaborator role is defined by: “As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.” The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the Plastic Surgeon's roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY4 Resident:

- Communicate with hand therapists re plans for treatment
- Work with fellow residents to plan teaching rounds, weekly responsibilities on service
- Proactively review with nursing staff specific needs for operative cases
- Work effectively with other medical services, including the Trauma Service, to plan and coordinate care for complex trauma patients

- D) Leader:** The leader role is defined by: “As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.” For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY4 Resident:

- Begin to effectively manage multiple demands on time (e.g. while on call)
- Delegate tasks for more junior learners such as medical students
- Develop knowledge of requirements for postgraduate fellowships and begin to plan/apply as appropriate
- Understand and determine patient resource issues like follow-up times in clinic, surgical timing and plans

- E) Health Advocate:** The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY4 Resident:

- Begin to identify "at risk" patient populations and address their particular health needs
- Learn the elements of effective interventions for weight loss, smoking cessation etc.
- Communicate with home care regarding home nursing issues

F) Scholar: The scholar role is defined by: "As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship." The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence
- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY4 Resident:

- Provide evaluation feedback to more junior learners
- Submit a research project for ethics approval
- Present one project at a scholarly meeting
- Write up a journal article for publication

G) Professional: The professional role is defined by: "As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health." The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY4 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Appreciate the professional, legal and ethical codes of practice

- Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY4 Resident:

- Be aware of the requirements for, and obtain Consent for Photography of patients to be used in both a clinical and academic settings
- Construct a plan for acquiring knowledge which will form the basis for lifelong learning in professional practice (i.e. study plan)

Summary: It is important to review these objectives at the start of your rotation at Victoria Hospital. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. DeLyzer at any time to discuss. We sincerely hope you enjoy your time with us.

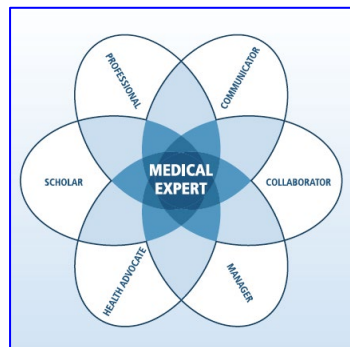
Learning Objectives ~ PGY5 Rotation at Victoria Hospital

Introduction & Statement of Goals for the Rotation: The Plastic Surgery Rotation at Victoria Hospital encompasses both general principles of Plastic Surgery as well as specific subspecialty areas of clinical expertise.

The PGY5 year is a period when the resident is transitioning from the role of "supervised learner" to that of an independently practicing surgeon. As such, increasing independence and a proactive attitude to patient care is encouraged and expected. Technical skills evolve at a different pace in each learner but it is expected that at the completion of the PGY5 year, the resident will be able to safely operate in an independent manner while at all times respecting patient safety.

In general, the PGY5 resident should build on the foundational skills and knowledge of the preceding 4 years to consolidate knowledge, judgment and skills to provide independent care for all aspects of patient care.

Objectives of training are based upon the CanMeds Competencies which are summarized in the following diagram:



- A) Medical Expert:** Please refer to the technical skills chart for different PGY levels.
- B) Communicator:** The communicator role is defined by: "As *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care."

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Respect patient confidentiality, privacy and autonomy
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Present verbal reports of clinical encounters and plans effectively
- Address challenging communication issues effectively, such as obtaining informed consent

Specific Examples for the PGY5 Resident:

- Appropriately communicate with consultants on other services to expedite and coordinate patient care
- Fully explain a planned surgical procedure in a comprehensive and expeditious fashion
- Communicate in an independent fashion with patients about post-operative concerns and obtain full informed consent in a fashion that families can understand

C) Collaborator: The collaborator role is defined by: "As *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care." The key competency is to work in a collegial and positive manner with other members of the health care such as nurses, therapists and other physicians.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Describe the Plastic Surgeon's roles and responsibilities to other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Enter into interdependent relationships with other professions for the provision of quality care

Specific Examples for the PGY5 Resident:

- In a leadership role, effectively collaborate with nurses, anaesthesia staff and other members of the health care team to enhance patient care
- Effectively listen to, acknowledge and facilitate the learning needs of, fellow residents in providing patient care
- Coordinate surgical procedures with other surgical specialists on patients with multiple injuries requiring operative management

D) Leader: The leader role is defined by: "As *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers." For a surgical resident, the key competency in this role is to organize junior learners, anticipate service requirements such as operative procedures requiring assistance and making certain they are covered and most importantly, managing multiple simultaneous demands upon their time.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Demonstrate an understanding of the influences that affect the workings of the health care system at various levels
- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practice and career effectively
- Allocate finite health care resources appropriately

Specific Examples for the PGY5 Resident:

- Effectively manage duties and responsibilities of more junior members of surgical team including call schedules etc.
- Effectively manage multiple, at times conflicting, demands upon time
- Create weekly assignment schedule for medical students, junior residents and senior residents on service
- To successfully manage the role of a team leader for the Plastic Surgery service. This involves the coordination of emergency cases, clinics, ward care and active

operative rooms with a team of residents and medical students

- E) Health Advocate:** The health advocate role is defined by: “As *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” The key competencies for this role include understanding and responding to the needs and determinants of health of the patients they serve.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Identify the health needs of an individual patient
- Appreciate the possibility of competing interests between the communities served and other populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Specific Examples for the PGY5 Resident:

- Anticipate differing needs and adjust care of disadvantaged populations (e.g. the elderly, drug dependence etc.)
- Understand the role of plastic surgical organizations in advocating for patient health
- Understand the role of plastic surgery in enhancing global health initiatives

- F) Scholar:** The scholar role is defined by: “As *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” The key competencies for this role include progressive and organized learning, critical evaluation of the medical literature, contribute to new medical knowledge via research.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, “Objectives of Training in Plastic Surgery” (2008) include:

- Describe the principles and strategies for implementing a personal knowledge management system
- Access and interpret the relevant evidence
- Describe the principles of critical appraisal
- Assess and reflect on a teaching encounter
- Describe the principles of research and scholarly inquiry
- Conduct a systematic search for evidence

Specific Examples for the PGY5 Resident:

- Submit one research project to a peer reviewed publication
- Present a study at the Canadian Society of Plastic Surgery Annual Meeting
- Develop and implement a comprehensive study plan in preparation for Royal College qualifying examinations
- Successfully complete the Royal College qualifying examinations

- G) Professional:** The professional role is defined by: “As *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” The key competencies for this role include a demonstrated commitment to patients and the profession via ethical practice as well as demonstrating a commitment to personal health and sustainable practice.

Skills and expertise which are particularly relevant for the PGY5 resident which are taken from the Royal College document, "Objectives of Training in Plastic Surgery" (2008) include:

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Appreciate the professional, legal and ethical codes of practice
- Strive to heighten personal and professional awareness and insight

Specific Examples for the PGY5 Resident:

- Complete any plans for fellowships and/or job opportunities
- Plan for and complete preparations requirements for independent licensure
- Be aware of office management issues such as billing, human resource management, hiring, health record management, photography and consent process

Summary: It is important to review these objectives at the start of your rotation at Victoria Hospital. It is suggested that you meet with the site chief at the time of your arrival to formulate a learning plan. If you have any concerns about any aspect of the rotation, please contact Dr. DeLyzer at any time to discuss. We sincerely hope you enjoy your time with us.

Technical Skills

Skill category	PGY3	PGY4	PGY5
1. Wound Healing	<ul style="list-style-type: none"> Wound debridement Principles of dressings Principles of non-operative management of the difficult wound 	<ul style="list-style-type: none"> Design and elevation of local fascio-cutaneous flaps for coverage of wounds (i.e. posterior thigh flap) 	<ul style="list-style-type: none"> Design and elevation of common musculocutaneous flaps (i.e. gastrocnemius flap, gracilis flap, latissimus dorsi flap)
2. Cutaneous Malignancies and Sarcoma Management	<ul style="list-style-type: none"> Excision of common skin lesions 	<ul style="list-style-type: none"> Design and elevation of local random rotation and transposition flaps (z plasty, bilobed, scalp rotation) Principles of sarcoma excision Principles of neck lymph node dissections 	<ul style="list-style-type: none"> Sentinel node biopsy Dissection of axillary node basin Dissection of neck lymph node basins
3. Hand Surgery	<ul style="list-style-type: none"> Revision amputation Extensor tendon repair Exposure of flexor sheath Reduction of hand fractures 	<ul style="list-style-type: none"> Digital nerve repairs Flexor tendon repairs Major nerve repair (ulnar and median) 	<ul style="list-style-type: none"> Arterial and venous anastomosis Brachial plexus dissection Dupuytren's dissection in hand and palm
4. Breast	<ul style="list-style-type: none"> Design and plan of breast reduction 	<ul style="list-style-type: none"> Complete breast reduction (inferior and superiomedial pedical technique) 	<ul style="list-style-type: none"> Breast augmentation Breast tissue expander placement Breast reconstruction with pedicled techniques (latissimus dorsi, TRAM)
5. Trunk, Genito-urinary, Lower Extremity Reconstruction	<ul style="list-style-type: none"> Debridement of scrotal, perineal and buttocks wounds Non-surgical management of perineal wounds 	<ul style="list-style-type: none"> Scrotal and penile shaft reconstruction with skin graft and local flaps 	<ul style="list-style-type: none"> Vaginal and perineal defects with distant flap reconstruction
6. Paediatric Plastic Surgery	<ul style="list-style-type: none"> Excision of simple haemangioma Planning and marking of cleft lip repair – unilateral and bilateral Planning of cleft palate repair 	<ul style="list-style-type: none"> Principles of laser medicine Use of lasers for cutaneous vascular anomalies Elevation of cleft lip flaps for unilateral lip Elevation of coronal flap for craniosynostosis Elevation of otoplasty flaps 	<ul style="list-style-type: none"> Repair of unilateral and bilateral cleft lip Elevation of rhinoplasty flaps Repair of cleft palate Completion of otoplasty Harvesting of rib graft Harvesting of bone graft
7. Craniofacial Surgery	<ul style="list-style-type: none"> Placement of intermaxillary fixation 	<ul style="list-style-type: none"> Common exposures of facial fracture reduction (upper buccal sulcus, lower buccal sulcus, ramal, Gilles approach, upper lid, transcutaneous and transconjunctival lower lid) Reduction of zygomatic arch by Gilles approach 	<ul style="list-style-type: none"> ORIF of simple mandible, maxillary and zygomatic fractures Reconstruction of simple orbital floor fractures Elevation of coronal flaps for exposure to orbits and frontal bone Reconstruction of frontal sinus fractures
8. Aesthetic Surgery	<ul style="list-style-type: none"> Evaluation of the face 	<ul style="list-style-type: none"> Liposuction Fat transfer Botox and dermal filler injections Abdominoplasty flaps Completion of breast reduction 	<ul style="list-style-type: none"> Completion of browlift, blepharoplasty Open septorhinoplasty Breast augmentation Brachioplasty Thigh lift
9. Burn Surgery	<ul style="list-style-type: none"> Harvesting of skin graft 	<ul style="list-style-type: none"> Skin graft reconstruction of extremity and trunk burns Release of burn scar contractures in trunk and extremity 	<ul style="list-style-type: none"> Primary and secondary burn reconstruction of face

LHSC/SJHC PREOPERATIVE TESTING GUIDELINES

Time frame: Tests to be done within 2 months of surgery (CXR within 3 months) or if clinical status has changed since PAC assessment						
Applies to: General, regional, sedation anesthesia						
Exception: Cataract Surgery – NO routine preoperative testing. Tests should be ordered only for assessment of acute medical problems.						
Clinical Indicators	CBC + diff	INR, PTT	Lytes, urea, Creat	Glucose	ECG	CXR
Major surgical procedure (i.e., requiring group and reserve)	X	X	X			
Planned epidural or major regional block		X				
Age 70 and older	X		X			
Current medical conditions:						
COPD/bronchitis	X					X
Cardiovascular disease	X				X	
Increased lipids/cholesterol					X	
Heavy smoker (20 pack years) <u>plus</u> 1 or more cardiac risk factors <u>or</u> age \geq 70 <u>or</u> BMI \geq 40 (1 pack year = 1 pack daily for a year)					X	
Significant alcohol consumption (>10 drinks/week)		X				
Previous DVT/PE		X				
Hypertension			X		X	
Diabetes			X	X (a.m. of surgery)	X	
Renal disease/dialysis	X		X (within 24 hrs if on dialysis)			
Obstructive sleep apnea					X	
Cancer/anemia/peptic ulcer	X					
Hemorrhage since last CBC	X					
Bleeding disorder/liver disease	X	X				
Pituitary/adrenal disease			X			
Ongoing fluid losses (bowel, wound)			X			
Drugs/medical treatment:						
Major surgery, erythropoietin, transfusion or autologous donation since last CBC	X					
Anti-rheumatoid therapy	X					
Steroids			X	X		
Diuretics/on IV therapy			X			
Digoxin or lithium			X			
Anticoagulant therapy	X	X (within 24 hrs if changed or stopped)				
Antiplatelet drug	X	X				
Iron supplement	X					
Methadone \geq 50mg/day					X	
Chemotherapy/radiotherapy	X					
Immunosuppressant (transplant anti-rejection therapy)	X					
Anti-HIV therapy	X					
Other tests:						
Sickle cell (any time in their life) – genetically predisposed patient (risk areas are: Black African/Caribbean/Saudi Arabia/Greece/Turkey/India/Italy)						
Beta HCG – pregnancy suspected or needs to be ruled out						
Blood transfusion lab sample (as per London Hospitals Blood Order Guidelines for Adult Elective Surgery 2009). Valid for 2 months, unless transfused or pregnant in the last 3 months, then must be done within 72 hours of OR time).						
Approved by Citywide Perioperative Committee May 2009						

LHSC/SJHC PREADMISSION INDICATORS FOR PREOPERATIVE CONSULT TO GENERAL INTERNAL MEDICINE AND ANESTHESIA:

Indicators for a Medicine consult:

- 1) Severe or poorly controlled hypertension
- 2) Atypical chest pain not yet diagnosed
- 3) Symptomatic ischemic heart disease – especially angina or congestive heart failure
- 4) Cardiomyopathy
- 5) Arrhythmia, defibrillator or pacemaker
- 6) Valvular heart disease needing: hemodynamic assessment/anticoagulation/infective endocarditis prophylaxis
- 7) Shortness of breath/severe chronic obstructive pulmonary disease/severe asthma
- 8) On insulin, or poorly controlled diabetes
- 9) On anticoagulant therapy
- 10) Recent (<3 months) or recurrent deep vein thrombosis
- 11) Recent (<3 months) stroke or transient ischemic attacks
- 12) Coagulopathy (historical or ↑INR or ↓platelets)
- 13) Chronic steroid therapy
- 14) Renal failure
- 15) Lab values that need stabilizing: Hgb, Lytes, Urea, Creat, Ca++
- 16) Poor exercise tolerance
- 17) Unexplained poor health generally
- 18) Previous major postoperative complications

Indicators for an Anesthesia consult:

- 1) Higher risk patients, i.e. ASA class III, or IV patients (see ASA definitions below).
- 2) Patients requiring blood to be grouped and reserved who will refuse a transfusion.
- 3) Patient history of difficult airway or severe anesthetic complication.
- 4) Pregnant patient for non-obstetrical surgery
- 5) Patients requiring or requesting regional/epidural techniques
- 6) Narcotic dependency – daily use
- 7) Morbid obesity (body mass index > 40)
- 8) Poorly controlled gastroesophageal reflux
- 9) One day surgery with sleep apnea (LHSC)
- 10) Neuromuscular disorders
- 11) Epilepsy if not seizure free
- 12) Patient or family history of malignant hyperthermia or pseudocholinesterase deficiency
- 13) Previous organ transplant
- 14) Surgery requiring hypotensive anesthetic technique
- 15) Prolonged surgery or major fluid requirements

ASA CLASS DEFINITIONS

<u>Status</u>	<u>Definition</u>	<u>Description and Examples</u>
Class III	A patient with severe systemic disease that limits activity, but is not incapacitating.	Cardiovascular or pulmonary disease that limits activity; severe diabetes with system complications; history of MI, angina, or <u>poorly controlled</u> hypertension.
Class IV	A patient with an incapacitating system disease that is a constant threat to life.	Severe cardiac, pulmonary, renal hepatic, or endocrine dysfunction.

Structure of the Program

Resident Rotations:

Residents spend one year in core surgery rotations which lay the groundwork for later specific training in Plastic Surgery. Core rotations are critical in developing surgical skills and knowledge. The collaborative nature of Plastic Surgery practice makes it critical that residents develop knowledge of many other surgical specialties.

The academic year is divided into 13 4-week blocks. As of July 1st, 2020, Plastic Surgery programs across the country have adopted the CBME training model. Residency is broken down into four stages: Transition to Discipline (orientation and assessment), Foundations of Discipline (18 months), Core of Discipline (36 months) and Transition to Practice (6 months).

The first year of residency is relatively structured and includes rotations in ICU, General Surgery, Internal Medicine, Emergency Medicine, Orthopedics, ENT, Trauma, Plastic Surgery, and 2 elective blocks. Common electives include (but are not limited to) oral maxillary facial surgery, burn surgery, anesthesiology, vascular surgery, dermatopathology and others. While every attempt to accommodate resident requests will be made, the Core Surgery Director and the Plastic Surgery Program Director will make final decisions on specific resident rotations.

The second year of residency is primarily spent on service with the exception of two dedicated research blocks (five if residents wish to pursue their Masters), a Community Plastics block and a burn rotation at Sunnybrook Health Sciences Centre in Toronto. The senior residency years are spent rotating through the three teaching hospitals in London. Responsibility increases on a graduated basis with the expectation that by the end of the fifth year, a resident will be ready to enter independent practice. Residents may also complete a 4-week out of town elective during the core years of training.

While every attempt to accommodate resident requests will be made, final decisions on specific resident rotations will be made by the Plastic Surgery Program Director.

Below are Training Experience Grids for the Transition to Discipline and Foundations of Discipline stages of training, please refer to the Plastic Surgery EPA Guide for further information refer to the Royal College website: [Home \(royalcollege.ca\)](http://Home.royalcollege.ca)

Transition to Discipline

Rotation	EPA's	Assessment Plan	Details
On-Service	TD1: Assessing patients with a traumatic injury relevant to Plastic Surgery	Direct observation by surgeon, fellow or senior resident	2 Observations

Foundations of Discipline

Rotation	EPA's	Assessment Plan	Details
AGIM	F6: Documenting clinical information	Review of clinical documentation by plastic surgeon, fellow or senior resident	5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions
Anesthesia Elective	F6: Documenting clinical information	Review of clinical documentation by plastic surgeon, fellow or senior resident	5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions
CCTC	F4: Assessing and providing initial management for patients with burns F6: Documenting clinical information	Direct observation and/or case review by plastic surgeon, fellow or senior resident Review of clinical documentation by plastic surgeon, fellow or senior resident	2 Observations: 1 major, 1 minor burn 5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions
Community Plastics	F1: Assessing and providing initial management for patients with skin and soft tissue infections and wounds F2: Assessing and providing initial management for patients with an acute hand injury F3: Performing an initial assessment of patients with craniofacial trauma F4: Assessing and providing initial management for patients with burns F6: Documenting clinical information	Direct observation or case review by plastic surgeon, fellow or senior resident <u>Part A:</u> Direct observation and/or case review by plastic surgeon, fellow or senior resident <u>Part B:</u> Direct or indirect observation by plastic surgeon, fellow or senior resident Direct observation by plastic surgeon, fellow or senior resident Direct observation and/or case review by plastic surgeon, fellow or senior resident Review of clinical documentation by plastic surgeon, fellow or senior resident	3 Observations: at least 1 of each procedure 2 Observations 5 Observations: at least 1 of each procedure 2 Observations: no more than 1 nasal fracture 2 Observations: 1 major, 1 minor burn 5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions

	F8: Assessing patients with breast cancer	Direct observation and/or case review by surgeon, fellow or senior resident	2 Observations
Dermatopathology Elective	F6: Documenting clinical information	Review of clinical documentation by plastic surgeon, fellow or senior resident	5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions
Emergency	<p>F1: Assessing and providing initial management for patients with skin and soft tissue infections and wounds</p> <p>F2: Assessing and providing initial management for patients with an acute hand injury</p> <p>F3: Performing an initial assessment of patients with craniofacial trauma</p> <p>F4: Assessing and providing initial management for patients with burns</p> <p>F6: Documenting clinical information</p>	<p>Direct observation or case review by plastic surgeon, fellow or senior resident</p> <p><u>Part A:</u> Direct observation and/or case review by plastic surgeon, fellow or senior resident <u>Part B:</u> Direct or indirect observation by plastic surgeon, fellow or senior resident</p> <p>Direct observation by plastic surgeon, fellow or senior resident</p> <p>Direct observation and/or case review by plastic surgeon, fellow or senior resident</p> <p>Review of clinical documentation by plastic surgeon, fellow or senior resident</p>	<p>3 Observations: at least 1 of each procedure</p> <p>2 Observations</p> <p>5 Observations: at least 1 of each procedure</p> <p>2 Observations: no more than 1 nasal fracture</p> <p>2 Observations: 1 major, 1 minor burn</p> <p>5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions</p>
ENT	<p>F6: Documenting clinical information</p> <p>C9: Assessing and developing a management plan for patients with composite defects of the head and neck <i>*Core EPA #9 to be completed during Foundations stage of training while on ENT rotation</i></p>	<p>Review of clinical documentation by plastic surgeon, fellow or senior resident</p> <p><u>Part A:</u> Patient assessment; direct observation by plastic surgeon <u>Part B:</u> Submit logbook of procedures</p>	<p>5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions</p> <p>2 Observations: 2 different anatomic regions Logbook must demonstrate participation in reconstructions of at least 2 different anatomic regions</p>

General Surgery	F1: Assessing and providing initial management for patients with skin and soft tissue infections and wounds	Direct observation or case review by plastic surgeon, fellow or senior resident	3 Observations: at least 1 of each procedure
	F6: Documenting clinical information	Review of clinical documentation by plastic surgeon, fellow or senior resident	5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions
	F7: Closing abdominal incisions	Direct observation by surgeon, fellow or senior resident	2 Observations
	F8: Assessing patients with breast cancer	Direct observation and/or case review by surgeon, fellow or senior resident	2 Observations
Oral Surgery Elective	F3: Performing an initial assessment of patients with craniofacial trauma	Direct observation by plastic surgeon, fellow or senior resident	2 Observations: no more than 1 nasal fracture
	F6: Documenting clinical information	Review of clinical documentation by plastic surgeon, fellow or senior resident	5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions
Ortho/HULC	F1: Assessing and providing initial management for patients with skin and soft tissue infections and wounds	Direct observation or case review by plastic surgeon, fellow or senior resident	3 Observations: at least 1 of each procedure
	F2: Assessing and providing initial management for patients with an acute hand injury	<u>Part A:</u> Direct observation and/or case review by plastic surgeon, fellow or senior resident <u>Part B:</u> Direct or indirect observation by plastic surgeon, fellow or senior resident	2 Observations 5 Observations: at least 1 of each procedure
	F6: Documenting clinical information	Review of clinical documentation by plastic surgeon, fellow or senior resident	5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions
Plastic Surgery - SJHC/UH/VH	F1: Assessing and providing initial management for patients with skin and soft tissue infections and wounds	Direct observation or case review by plastic surgeon, fellow or senior resident	3 Observations: at least 1 of each procedure
	F2: Assessing and providing initial management for patients with an acute hand injury	<u>Part A:</u> Direct observation and/or case review by plastic surgeon, fellow or senior resident	2 Observations

	<p>F3: Performing an initial assessment of patients with craniofacial trauma</p> <p>F4: Assessing and providing initial management for patients with burns</p> <p>F6: Documenting clinical information</p> <p>F8: Assessing patients with breast cancer</p>	<p><u>Part B:</u> Direct or indirect observation by plastic surgeon, fellow or senior resident</p> <p>Direct observation by plastic surgeon, fellow or senior resident</p> <p>Direct observation and/or case review by plastic surgeon, fellow or senior resident</p> <p>Review of clinical documentation by plastic surgeon, fellow or senior resident</p> <p>Direct observation and/or case review by surgeon, fellow or senior resident</p>	<p>5 Observations: at least 1 of each procedure</p> <p>2 Observations: no more than 1 nasal fracture</p> <p>2 Observations: 1 major, 1 minor burn</p> <p>5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions</p> <p>2 Observations</p>
Research	<p>F5: Integrating Plastic Surgery scientific literature into clinical practice</p>	<p>Direct observation by plastic surgeon, fellow or senior resident</p>	<p>3 Observations: at least 1 journal club, at least 1 divisional rounds</p>
Sunnybrook Burns	<p>F4: Assessing and providing initial management for patients with burns</p> <p>F5: Integrating Plastic Surgery scientific literature into clinical practice</p> <p>F6: Documenting clinical information</p>	<p>Direct observation and/or case review by plastic surgeon, fellow or senior resident</p> <p>Direct observation by plastic surgeon, fellow or senior resident</p> <p>Review of clinical documentation by plastic surgeon, fellow or senior resident</p>	<p>2 Observations: 1 major, 1 minor burn</p> <p>3 Observations: at least 1 journal club, at least 1 divisional rounds</p> <p>5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions</p>
Trauma	<p>F2: Assessing and providing initial management for patients with an acute hand injury</p> <p>F3: Performing an initial assessment of patients with craniofacial trauma</p>	<p><u>Part A:</u> Direct observation and/or case review by plastic surgeon, fellow or senior resident</p> <p><u>Part B:</u> Direct or indirect observation by plastic surgeon, fellow or senior resident</p> <p>Direct observation by plastic surgeon, fellow or senior resident</p>	<p>2 Observations</p> <p>5 Observations: at least 1 of each procedure</p> <p>2 Observations: no more than 1 nasal fracture</p>

	<p>F4: Assessing and providing initial management for patients with burns</p> <p>F6: Documenting clinical information</p>	<p>Direct observation and/or case review by plastic surgeon, fellow or senior resident</p> <p>Review of clinical documentation by plastic surgeon, fellow or senior resident</p>	<p>2 Observations: 1 major, 1 minor burn</p> <p>5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions</p>
Vascular Surgery Elective	<p>F6: Documenting clinical information</p> <p>F7: Closing abdominal incisions</p>	<p>Review of clinical documentation by plastic surgeon, fellow or senior resident</p> <p>Direct observation by surgeon, fellow or senior resident</p>	<p>5 Observations: at least 2 operative notes of different procedures, at least 1 discharge summary or transfer of care, at least 2 consultations or admissions</p> <p>2 Observations</p>

Teaching Schedules and Information

Teaching occurs on an ongoing and daily basis in clinics and operating rooms. More formal teaching occurs in the following settings:

Resident Teaching Seminars: Two-hour seminars occur each Wednesday morning after Grand Rounds (0800-1000) between September and June at SJHC or via Zoom. The content of these seminars is decided upon by the senior resident(s) with input from the Program Director. This is protected time and attendance is compulsory for all on-service residents unless on vacation. Residents on core surgery rotations are encouraged to attend if their particular rotational responsibilities permit.

Weekly Grand Rounds: These typically occur during three Wednesday mornings (0700) of each month at SJHC or via Zoom. It is the responsibility of the senior resident at the "host" hospital to organize cases for each set of rounds. Morbidity and Mortality Rounds (site specific) are scheduled in April/May.

Quality Assurance & Ethics Rounds: These are each held on Wednesday mornings (0700) during Grand Rounds, twice per academic year.

(Schedules for Rounds and teaching will be circulated by email.)

Journal Club: Occurs on a monthly basis between September and June with the exception of May to allow time for residents to focus on their Resident Day research presentation.

Hand & Upper Limb Teaching: These are an organized series of seminars which are compulsory for residents on-service at SJHC. These occur each Tuesday and Thursday morning at 0700. A schedule of topics is published for every 3 to 6 months.

Transition to Residency (T2R) PGY1 Education Series:

Held virtually on Wednesday afternoons from July 3rd – September 11th, 2024 from 1:00 p.m. – 4:00 p.m. via Zoom presentations. Attendance is mandatory, dates and topics for 2024 are as follows:

Date	Topic
July 3	Hypotension and Shock
July 10	Acute Dyspnea
July 17	Neurological Emergencies
July 24	Chest Pain
July 31	Palliative Care and The Dying Patient
August 7	Abdominal Pain
August 14	Acute Pain and Metabolic Emergencies
August 21	Altered Mental Status
August 28	Antimicrobial Stewardship
September 4	Human Trafficking
September 11	Work on Mandatory Modules/ Program Directed Time

Laser Surgery Course (PGY1/2): This course runs every other year; if missed, must be taken in the PGY3/4 year.

Date: TBD for 2024/2025

Time: 0800-1600

Location: TBD

Surgical Foundations Bootcamp:

Date: July 2-12, 2024

Course content can be found in OWL under 'Surgical Foundations Program 2024': <https://owl.uwo.ca/portal> (Login requires your UWO username and password)

Transition to Practice Series (PGY3-5): Mandatory for PGY3-4's; PGY5's and Fellows are invited:

Date: TBD (2 evenings in October, 2024)

Location: Webinar

Surgery Academic Half Day – Wellness Event (PGY3 & 4):

Date: Wednesday, October 16, 2024

Time: 0830-1130

Location: Virtual via zoom

Date: Wednesday, January 22, 2025

Time: 0830-1130

Location: Virtual via Zoom

Surgical Ethics Academic Half Days (Mandatory for All Residents):

Date: Wednesday, November 20, 2024

Time: 0830-1130

Location: Virtual via Zoom

Date: Wednesday, April 2, 2025
Time: 0830-1130
Location: Virtual via Zoom

Transition to Practice: Medical Malpractice Session (PGY3's & PGY4's):

Date: Wednesday, December 4, 2024
Time: 0900-1100
Location: Virtual Via Zoom

Surgery Academic Half Day – Teaching to Teach (PGY3/4):

Date: Wednesday, February 26, 2025
Time: 0830-1130
Location: Shuttleworth Auditorium, SJHC

Surgical Foundations OSCE Course Examination Part 1 (Skills & Written):

Date: Wednesday, April 16, 2025
Time: 0800-1600
Location: CSTAR, 8th Floor

Surgical Foundations OSCE Course Examination Part 2:

Date: Wednesday, May 21, 2025
Time: 0800-1600
Location: Clinical Skills Building

PGY1 Surgical Foundations Refresher Course:

Dates: Thursday, May 29 and Friday, May 30, 2025
Time: 0700-1600
Location: TBD

Holiday and Conference Leave Protocol

The number of days available for holiday and conference leave is set out in the agreement between the Professional Association of Residents and Interns of Ontario (PARO) and the Ontario Council of Teaching Hospitals and the Division adheres to these agreements. The days available include:

- Four weeks (20 working days) each academic year for holidays
- Seven working days for educational leave (conference time)
- Five consecutive days off over a 12-day Christmas period
- Other leave; pregnancy, sick leave, etc.

A maximum of four days may be taken for interviews for potential fellowships and will be considered separate from vacation or academic days.

In accordance with the guidelines set out by PARO, the vacation/ academic leave protocol is as follows:

Step 1 – The resident must submit to the administrative Chief Resident and Program Assistant via email the vacation/academic leave request. The respective Site Chief (consultant) must be copied on the request. Requests must be made in writing at least 4 weeks in advance of the requests start day of the vacation.

Step 2 –. The Chief Resident will review the request and determine whether this request can be accommodated, given the number of residents on rotation at that particular site at that time. The chief resident will either approve or not approve the request.

Step 3A – *If approved by Chief Resident, they will notify the requesting resident and Site Chief that they approve the request, and will specify which residents are left on-site for coverage. If there are no concerns from the Site Chief, the away time will be granted.* , The Program Assistant will record the approved vacation/academic leave dates on the tracking spreadsheet. Step 3B – *If the request is not approved by the Chief Resident, alternate dates will be proposed to the requesting resident to review. Once a suitable time has been chosen, Step 3A will be completed.*

Step 4 – If the *Chief Resident or Site Chief does not approve* the request, then alternate dates must be suggested by the Site Chief or Chief Resident and Step 3A completed. All requests must be confirmed or denied in writing within two weeks of the request being made. If denied, an alternate date must be suggested within the same two-week timeframe as the requested date.

Step 5 – The Chief Resident will document the time away on the monthly call schedule.

4th Year Elective Time:

Step 1 – Proposed electives must be submitted to the Program Director for approval of appropriateness.

Step 2 – Once the elective has been approved by the Program Director, the time away for the elective must follow the protocol listed above for vacation/academic leave.

Religious Holidays:

It is expected that postgraduate residency programs should accommodate requests for religious holiday leave. The following policy outlines the principles and the process for dealing with religious holiday leave requests.

Principles:

1. In general there is a duty to accommodate religious holidays (Ontario Human Rights Code), but this duty is limited by the steps that must be required short of undue hardship.
2. The policy governing resident religious holidays must be consistent with the Western University policy *Accommodations for Religious Holidays* [accommodation_religious.pdf \(uwo.ca\)](#) and with the PARO/CAHO Agreement [Top Contract Questions – PARO \(myparo.ca\)](#)
3. This policy applies to all residents regardless of their funding source.
4. Residents requesting religious holiday leave must give adequate written notification to the program.
5. Patient care responsibilities are to be recognized and must be met.
6. All leave days taken for religious holidays are to be considered vacation days and to be included in the number of vacation days as defined by the PARO/CAHO Agreement.

Process:

1. The Postgraduate Medical Education Office will provide a copy of this policy to all residents at the beginning of each academic year. Individual residency programs which may have supplemental policies relating to religious holidays will also provide this information to the residents at the beginning of each academic year.
2. Requests for religious holiday leave must be made in writing to the Program Director or his or her delegate as soon as possible and at least four weeks prior to the requested time of the leave.
3. The Program Director (or delegate) must acknowledge the request in a timely fashion, and make every reasonable effort to accommodate the request, recognizing patient care responsibilities. The Program Director (or delegate) must inform the resident in writing within two weeks of receipt of the request whether or not the request is approved, and if not approved, provide an explanation.
4. If more than one request is made for the same religious holiday off work, and the capacity of the program for accommodation of such holiday is limited, then the first written request received by the Program Director (or delegate) will have priority.
5. Time off for religious holidays will be deducted from the vacation/statutory holiday leave stipulated in the PARO/CAHO Agreement.
6. If acceptable to the program, and requested by the resident, a resident may waive leave during one or more of the statutory holidays or Christmas/New Year leave period (defined by the PARO/CAHO Agreement) in exchange for religious holiday leave. If a resident chooses to waive vacation or statutory holidays, this must be documented in writing and agreed to by both the resident and the Program Director.

Religious Observances:

It is expected that postgraduate residency programs should accommodate requests for religious observance such as time for prayer. The Postgraduate Office suggests that 2 hours is a reasonable amount of time for trainees to travel to a designated location and participate in prayer.

The following hospital locations are available for religious observance:

LHSC

University Hospital – Room A1-502

Victoria Hospital – Room C3-402

St. Joseph's Hospital

Multi-faith prayer room is located in Zone A- Level 1 - Room A1-027

Regional Mental Health Care London

Multi-faith prayer room is located on Level 1 - Room B107

Approved in the PGE Committee October 2009

Conferences and Meetings:

Resident Travel Reimbursement Policy (Effective March 2024). Division of Plastic & Reconstructive Surgery Resident travel reimbursement is available for PGY2-5 residents at \$1600 maximum per conference where the resident is presenting their research. Proof of submission of a manuscript to a peer-reviewed journal AND submission of receipts are required for reimbursement. Original receipts are required (i.e. not VISA statements, etc.) and Western policy will not allow reimbursement otherwise. If additional travel funding or scholarships were awarded for the conference where reimbursement is requested this must be disclosed. A maximum of \$3200 of funding total will be available to each resident in their PGY2-5 years. Educational/instructional courses will not be eligible for reimbursement.

Residents in their first year are funded to attend and complete the ATLS course (approx. \$1300/resident). Attendance at the ATLS course is considered a conference for the purpose of reimbursement and is the only conference covered during the first year of residency. PGY-5 resident reimbursement requests will not be processed beyond December 31st of their graduating year.

Annual CSPS Meeting Resident Attendance Score

Notations:

- PGY5 residents will automatically be approved to attend CSPS should their PARO vacation/conference allocation time permit.
- The following scoring system will be used only in cases where arbitration of attendance versus coverage exists.

Attendance at our annual CSPS conference will be determined by the following scoring system:

1. PGY Year
 - PGY 4 = 4 points
 - PGY 3 = 3 points
 - PGY 2 = 2 points
2. Submission for Presentation
 - - 2 points for no submission
 - Expectation is if you want to attend CSPS, you submit to present to give yourself the best chance.
3. Acceptance for Presentation
 - + 3 points for a podium presentation
 - + 1 point for a poster presentation
4. First time attendance
 - +1 point if you have never attended CSPS as a resident

The cumulative scores for each resident will be tabulated. Three residents will have to remain in London for coverage of clinical duties each year. Unless there are volunteers for individuals not planning to attend, the lowest three scores will remain.

Any disputes will be resolved in discussion with the Research Director and Program Director.

Resident/Fellow Travel Award Criteria

It is recognized that during the course of postgraduate training, residents and fellows benefit from participating in conferences and meetings which allow them to better achieve their academic mission and individual career goals. Participation at such meetings often involves travel. All postgraduate training programs have some resources available to support resident/fellow travel; however, these funds may often be inadequate to support the total costs associated with resident/fellow travel and not provide opportunities for residents/fellows to pursue non-medical expert roles. The Resident/Fellow Travel Award has been developed by Western and the hospitals to supplement what is currently provided by the training programs.

Awards

Awards of up to \$2,000.00 each (reimbursement upon submission of receipts) with a maximum \$34,000 awarded annually. One award (maximum \$2,000) will be given to applications for a leadership development opportunity (e.g. leadership seminars, management workshops). Consideration for this award will be given to residents/fellows having demonstrated interest and capacity in leadership. Examples include positions as Chief Resident, PARO representative, or as a member of another committee. Consideration will only be given to residents who are travelling to contribute to a meeting and no longer for just attending. Applications to fund electives or specialty specific "medical expert" courses will not be considered. Courses or seminars supporting the other CanMEDS roles or the four principles of Family Medicine will be viewed favourably.

Application

Applications will only be considered **upon completion of conference/meeting**. If the conference/meeting occurs after the application deadline, you must wait for the next application period to apply.

All applications must be saved as A SINGLE .PDF and emailed to: Postgraduate.medicine@schulich.uwo.ca

Applications (up to one page) must be addressed to the Awards Committee and include an outline of the proposed travel **using the following headings:**

1. **objectives** of attending the meeting/course (e.g. enhancement of resident/fellow's ability in one of the following: clinical ability, research, teaching, administration, or leadership.);
2. **time line** - dates of intended conference or meeting;
3. **expected benefits** - relevance to program training and/or career aspirations;
4. **budget** detailing associated direct costs (e.g. registration fee, travel, accommodation). **Please include** all registration fee, accommodation and flight receipts with your application. The receipts must show proof of payment being received, and flight itinerary must be included. Original receipts for meals, taxi's, parking, etc...will be required, but will be requested at a later date should they be needed.

The application must include a **maximum two-page summary CV** highlighting information relevant to the support of the application. Additionally required is a [Program Director Recommendation Form](#) to be completed by the Residency Program Director. Availability of matching funds from the department or other sources must be mentioned. Although there is no limit to the number of awards per program, in order for the application to be considered the Program Director must indicate the priority if there is more than one applicant from the program.

Please provide a copy of your abstract or meeting presentation, if applicable, with documentation of acceptance and a website address. For the adjudication process, the PGME Office requires a confirmation of paper acceptance or any change in status of the application following submission. Please indicate the type of application being submitted: oral podium presentation, oral poster presentation, poster presentation, other (please explain in application). **The conference or meeting must have occurred within 12 months of the application deadline to be eligible for the award. For the April award, the conference must have occurred between the previous May 1 to April 30 of the application year. For the October award, the conference must have occurred between the previous November 1 to October 31 of the application year.**

Preference will be given to the following:

1. work which has received awards for the conference attended
2. first-authored work
3. oral presentations over posters (in general)

Competitions: Competitions are held twice per academic year. Deadline for submission of applications are April 30 and October 31. ****Applicants are eligible to receive this award once per academic year****

Adjudication: By the PGME Awards Selection Committee. The Committee consists of:

- Associate Dean, Postgraduate Education or designate, Chair
- Three Postgraduate Program Directors
- Three Resident or Fellow representatives
- One staff member from PGME Office
- Vice-President, City-Wide Medical Affairs or designate

On-Call Responsibilities

The Division and Western University strictly adhere to the PARO agreement (2020) which stipulates that on-call frequency is a maximum of 1 in 3 nights for "home call" and 1 in 4 nights for "in-house" call. Any requests to do more than this should be immediately referred to the Program Director. The Junior resident is expected to field all outside calls, all floor calls, calls from the ER and from patients. They will then include the Senior resident for any questions and consults that need to be seen. It is wise to clarify with your Senior resident in advance if they have any specific requests for how call should be done, (ie. junior sees consult then calls senior vs. call senior then see consult). The Senior resident will receive all One-Number calls. The staff physician should receive the 'Criticall' calls. Typically the transition from junior resident to a senior resident begins in March of second year with a gradual increase in senior call shifts. In our program 3rd year residents do the majority of senior call (approximately 1 in 7) and the call should if possible decrease in 4th and 5th years of training.

Effective May 2024: As per a discussion at a recent RPC meeting, a consensus agreement was made that while in PGY1 and 2 while on research blocks there will be a junior call assignment of one weeknight per week and one weekend per block. This would equate to 4 weeknights and one weekend (either Fri/Sun or Sat) per block. If the resident has a requirement to be out of city for research, then the call requirement will be lifted, i.e. In person course out of town. This will need to be approved by the PD.

Call Schedules

Every effort will be made to circulate the resident call schedule one month prior to the start of each month. Any home call to in-hospital call conversions should be forwarded to the Program Assistant by email; please ensure that the junior resident is copied on the email to avoid duplicate requests.

POSTGRADUATE MEDICAL EDUCATION RESIDENT HEALTH AND SAFETY POLICY

1. BACKGROUND

The PGME Office recognizes that residents have the right to a safe environment during their residency training. The responsibility for promoting a culture and environment of safety for residents rests with the Schulich School of Medicine & Dentistry, hospitals and other training sites, residency training programs and residents themselves.

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada have collaborated in developing national standards for evaluation of the University Postgraduate Medical Education function and the sites used for residency education. Standard A2.6 states that:

All participating sites must ensure resident safety at all times, particularly considering hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients or others.

The collective agreement between the Professional Association of Interns and Residents of Ontario (PARO) and the Council of Academic Hospitals of Ontario (CAHO) states that residents are postgraduate medical trainees registered in university programs as well as physicians employed by the hospitals. The agreement contains provisions relating to the health and safety of residents and is found at: <http://www.pairo.org/>. The agreement states that on call facilities will include secure and private rooms and that the hospital will endeavour to provide secure access between hospital and call room facilities. The agreement also states that each hospital has the responsibility to provide reasonable security for all residents in all hospital facilities, that the hospital will make available appropriate protective equipment and clothing where circumstances warrant, and that residents are entitled to receive access to and coverage for Occupational Health services.

Ontario's Occupational Health and Safety Act (OHSA) outlines minimum standards for health and safety in the workplace and establishes procedures for dealing with workplace hazards and protection against workplace violence.

The Western University Health and Safety Policy states that the University has an ethical and legal responsibility to provide a safe environment in which to study and work and that the University strives to foster the development of a safety consciousness in all members of the University community for the purpose of minimizing the risk of injury to persons or the damage to property or facilities. The policy further provides that Deans, department heads, supervisors and any persons responsible for directing the work of others are responsible for ensuring that safe and healthy work conditions are maintained in their assigned areas, and that Faculty, staff and students are responsible for complying with all applicable safety requirements, including legislated requirements and all University policies and procedures related to health and safety.

2. PURPOSE

The purpose of this document is to:

- 2.1 minimize the risk of injury and promote a safe and healthy environment on the University campus and teaching sites
- 2.2 demonstrate the Schulich School of Medicine & Dentistry's commitment to the health, safety, and protection of its residents
- 2.3 provide a procedure to report hazardous or unsafe training conditions and a mechanism to take corrective action.

3. SCOPE AND RESPONSIBILITY

- 3.1 The University, hospitals, and affiliated teaching sites are accountable for the environmental,

occupational, and personal health and safety of their employees.

3.2 The University, hospitals, and affiliated teaching sites have the right to make implementation decisions and allocate resources within their respective policies.

3.3 All teaching sites must meet the health and safety requirements of the PARO-CAHO collective agreement.

3.4 Individual residency programs are required to develop safety policies to deal with issues specific to their training (e.g. Medivac/Ambulance Transport). In addition, site specific policies may be required.

3.5 Residents must comply with applicable health and safety codes and policies and communicate safety concerns to both the training site and the program. Residents are expected to participate in required safety sessions at training sites.

3.6 Residency training programs are expected to act promptly to address identified safety concerns.

3.7 This Policy provides a procedure for residents to use when faced with a health and safety issue during the course of their training which cannot be resolved at the local training site level.

4. PROCEDURE

Environmental Health

4.1 Accidents, incidents and environmental illnesses occurring during a resident's training will be reported and administered according to the reporting policies and procedures of the University, hospital or clinical teaching location.

Occupational Health

4.2 Residents will receive instruction on body substance precautions, infection control, and occupational health procedures in the hospitals and teaching sites. This instruction is a joint responsibility of the hospital or teaching site and the residency program.

4.3 Resident Immunization Data is collected by the London Health Sciences Centre and St. Joseph's Health Care, London. Other hospitals and training sites may request this data from residents prior to completing a rotation at their site.

4.3.1 Residents not meeting hospital immunization and other occupational health requirements are not permitted to complete their registration with the PGME Office and will not be credentialed by the hospital. Information on current immunization and other occupational health requirements may be obtained from the hospitals.

4.4 Residents are professionally and ethically obligated to inform the Associate Dean PGME of any blood borne infection. Accommodation or modification of their program will be determined on a case by case basis.

Personal Safety

4.5 All teaching sites, hospitals, and long-term care institutions are responsible for ensuring the safety and security of residents training in their facilities in compliance with their existing employee safety and security policies/procedures as well as the requirements outlined in the PARO-CAHO agreement. Locations without a formal health and safety policy or joint committee will be guided by the standards outlined in the Occupational Health and Safety Act.

4.6 The following policies apply only during residents' activities that are related to the execution of residency duties:

a) Travel

- Residents are responsible for making appropriate arrangements for travel to clinical or other academic assignments. If circumstances give rise to travel safety concerns (e.g. weather conditions, rotation scheduling or on call scheduling), it is the Residents' responsibility to notify their Program Director promptly.

b) After Hours and On-Call Work

- Residents working after hours in health care or academic facilities are expected to inform themselves of site specific security resources.
- Residents are not expected to work alone at after-hours clinics.
- Residents are not expected to make unaccompanied home visits.
- Residents should only telephone patients from a clinic or hospital telephone line. If calls must be made with a personal or mobile phone, this should be done using call blocking.
- Residents are expected to take reasonable precautions when walking alone at night (e.g. request security escort).

c) Violent or Threatening Patients

- If a resident feels that his or her personal safety is threatened, he or she should remove him or herself from the situation in a professional manner and seek immediate assistance.
- In the event of a safety emergency at any time, the resident should call security and/or the police.
- Residents should not assess violent or psychotic patients without the backup of security and an awareness of accessible exits.
- The physical space requirements for management of violent patients must be provided where appropriate.
- Programs should provide special training to residents who are expected to encounter aggressive patients.

d) Occupational Health and Safety

- Residents should familiarize themselves with the location and services offered by the relevant Occupational Health and Safety Office. This includes familiarity with policies and procedures for infection control and protocols following exposure to contaminated fluids, needle stick injuries, and reportable infectious diseases.
- Residents must observe universal precautions and isolation procedures when indicated.
- Residents should keep their immunizations up to date. Overseas travel immunizations and advice should be sought well in advance when travelling abroad for electives or meetings.
- Residents working in areas of high and long term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines.
- Radiation protective garments (aprons, gloves, neck shields) should be used by all residents using fluoroscopic techniques.

- Pregnant residents should be aware of specific risks to themselves and their fetus in the training environment and request accommodations were indicated. Residents should consult the appropriate Occupational Health and Safety Office for information.

e) General

- Call rooms and lounges provided for residents must be clean, smoke free, located in safe locations, and have adequate lighting, a phone, fire alarms, and smoke detectors. Any appliances supplied are to be in good working order. There must be adequate locks on doors.
- Site orientations should include a review of local safety procedures.

Psychological Safety

4.7 Learning environments must be free from intimidation, harassment, and discrimination. Both the hospitals and the University have policies and procedures in place to address such issues. Residents should familiarize themselves with Schulich's policy on *Faculty/Student/Staff Code of Conduct for Teacher-Learner and Trainee-Clinician Relationships* [Learner Experience - Western University \(uwo.ca\)](http://uwo.ca) and the applicable hospital policies.

Other

4.8 Programs should promote a culture of safety in which residents are encouraged to report and discuss adverse events, critical incidents, 'near misses', and patient safety concerns.

5. REPORTING/FOLLOW UP

5.1 Residents identifying a safety or security concern or breach must report it to their immediate supervisor at the training site and comply with the site reporting requirements. When appropriate, the safety or security concern should also be brought to the attention of the Program Director or PGME Office.

5.2 If the safety or security issue is not resolved at the local level, it must be reported to the Associate Dean, PGME who will investigate and may re-direct the issue to the relevant hospital or University office for resolution. The resident/faculty member bringing the incident forward will receive a response within 10 days outlining how the complaint was handled or if it will require further review.

5.3 Pending an investigation and the resolution of an identified personal safety or security concern, the Program Director and/or Associate Dean, PGME has the authority to remove residents from clinical placements if the risk is seen to be unacceptable.

5.4 The Associate Dean, PGME may bring resident safety/security issues to the hospital office responsible for safety and security, the University's Occupational Health and Safety Office, Campus Community Police Service, the Associate Dean, Windsor Program, the Associate Dean, SWOMEN, or the Associate Dean, Equity and Professionalism for resolution or further consultation.

5.5 The Associate Dean, PGME will report as appropriate to the Postgraduate Medical Education Committee on resident safety/security issues.

5.6 Health and safety systems issues may also be brought to the attention of the Associate Dean, PGME at any time by various methods, including internal reviews, resident/faculty/staff reporting, or police/security intervention.

Urgent Situations:

5.7 Urgent resident safety issues must be brought to the attention of the Program Director and Associate Dean, PGME immediately.

6. University Personal Safety Resources

Residents are responsible for obtaining and familiarizing themselves with hospital policies and resources relating to health, safety and security. Questions about those policies should be directed to relevant hospital personnel.

Residents should also be aware of the following Faculty and University policies and resources:

- Schulich School of Medicine & Dentistry's Policy, *Faculty/Student/Staff Code of Conduct for Teacher-Learner and Trainee-Clinician Relationships*: [Learner Experience - Western University \(uwo.ca\)](#)
- The University's *Non-Discrimination/Harassment Policy* [mapp135.pdf \(uwo.ca\)](#)
- Personal safety information, advice, and resources listed on Campus Community Police's website, including the following:

Campus Safety and Emergency Services-Western Special Constable Service:

uwo.ca/campussafety/index.html

Western Foot Patrol: [Foot Patrol - Western University \(uwo.ca\)](#)

**Western University
Plastic Surgery Residency Program
Resident Wellness Policy**

Background:

The Plastic Surgery Residency Program recognizes that being a surgical resident is inevitably stressful. Many factors may contribute to the level of stress including fatigue, burnout, multiple simultaneous demands upon one's time, impending examinations, and the high-stakes responsibilities of patient care amongst others. The demands of work life may be exacerbated by its impact on life outside of work including relationships with family and friends, finances and personal health.

The Plastic Surgery Residency Program also recognizes that the baseline stresses of residency may be exacerbated by excessive fatigue, intimidation, harassment, inter-professional conflicts, and disrespect. When these factors occur, the Program, in conjunction with the resident, is responsible for recognizing and acting to correct them and minimize their effects on resident wellness.

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada have collaborated in developing the following national standards for residency programs:

Standard 5:

5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness.

5.1.3.1: There is a positive learning environment for all involved in the residency program.

5.1.3.2: There is an (are) effective resident wellness policy(ies), aligned with the central policy(ies) and modified, as appropriate, to reflect discipline-specific physical, psychological, and professional resident wellness concerns. The policy(ies) include(s), but is (are) not limited to absences and educational accommodation.

5.1.3.3: The processes regarding identification, reporting and follow-up of resident mistreatment applied effectively.

5.1.3.4: Residents have access to and are aware of confidential support services to manage stress (e.g., financial, psychological, etc.) and illness.

5.1.3.5: Residents are supported and encouraged to exercise discretion and judgment regarding their personal wellness.

Resident Responsibility:

1. Residents are responsible for managing their ability to perform their clinical duties in a safe, appropriate and effective manner free from the adverse effects of physical, mental, emotional and personal problems including impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
2. Residents are responsible for reflecting, and acting upon, any factors which may impair their ability to practice safely and effectively including illness and fatigue (in them-selves and in their peers). If, at any time, a resident feels that impairment (including fatigue) will have negative impact on patient care, it is their professional responsibility to notify their senior resident or faculty and request leave; residents must be allowed to take appropriate actions including leave, without fear of reprisal.
3. If a resident is experiencing problems or interpersonal conflict with a fellow resident, they are encouraged to engage the resident in a dialogue to resolve the issue(s). If it is not possible to

resolve the issue(s) on a one to one basis, the resident should approach the Program Director for advice and assistance (see Program Responsibilities below).

4. If a resident is experiencing problems such as intimidation, harassment, or exclusion from a consultant inside or outside the Program, the resident may choose to address these issues directly with the consultant involved. However, if the resident is unable to resolve the issues directly, or uncomfortable in approaching the consultant, he/she should discuss their concerns with the Program Director in a timely fashion (see Program Responsibilities below). If a resident has concerns regarding staff teaching interactions, they should approach the appropriate Site Chief; or the Program Director if the issue is with the Site Chief. Additional support may be sought from their Program Mentor as well as the Program's Wellness Coordinator.
5. Residents, who voluntarily seek assistance for physical, mental, emotional and/or personal problems, including drug and alcohol dependency, will not jeopardize their status as a resident by seeking assistance. Residents are encouraged to discuss these problems at an early stage with the Program Director, their Program Mentor and/or the Wellness Coordinator.

Residency Training Program Responsibility:

1. It is the responsibility of the Wellness Coordinator, Program Director and all faculty members to be aware of resident health and wellbeing, behaviour and conduct.
2. If a faculty member observes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the member must take steps to protect the safety and wellbeing of the resident, verify the impairment and take appropriate actions.
3. Chief residents should also be aware of the behaviour and conduct of junior residents. If a Chief resident observes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the chief resident should immediately notify the Wellness Coordinator, Program Director or Division Chief.
4. If a resident approaches the Program Director with an issue of conflict with a fellow resident that cannot be resolved at a resident level (Item 3 above), the Program Director is responsible for engaging the parties involved to bring the conflict to a safe, fair and equitable resolution. The Program Director may seek the assistance and/or advice of the Wellness Coordinator or Program Chair.
5. If a resident approaches the Program Director with an issue of conflict with a consultant that cannot be resolved on a one to one basis for any reason (Item 4 above), the Program Director is responsible for engaging with the consultant to ensure a safe and supportive learning environment. If the consultant in question engages in egregious behaviour, or in persistently poor behaviour, the Program Director in conjunction with the Program Chair, may remove the resident from interacting with the consultant in question or may remove the consultant from any resident interactions until a plan for remediation is formed and completed.
6. It is the responsibility of the program to provide reasonable accommodations to allow the resident to participate in approved counselling that is deemed appropriate and necessary.
7. It is the responsibility of the program to provide opportunities for fatigue management including relief from clinical duties as well as safe transportation after excessively busy call.

Resources Available to all Residents:

1. The program Wellness Coordinator, in conjunction with the Program Director and Program Chair, is responsible to ensure the oversight of this policy and for integration of the wellness curriculum for all residents. Residents in their first year of training may also approach the Wellness Coordinator for guidance prior to selecting their staff mentor; the Wellness Coordinator is an available resource for all residents at any time.
2. A mentorship program is available to residents in their PGY2-5 years and is intended to provide them with guidance and advice about career planning, workplace stress and burnout, family, and residency in an informal setting. Each staff mentor is encouraged to initiate informal meetings periodically throughout the year. The goal of this program is to encourage happiness, fulfillment and excellence in our residents.
3. Residents who are struggling with academic difficulties should engage their staff mentor, Program Director, or the Division Chair.
4. If residents and/or staff become aware of a colleague who is suffering from undue stress, intimidation or harassment, they should seek permission from the resident to engage the appropriate resources to support the resident. If the resident's personal wellbeing is being compromised, a resident or staff may contact the Program Director directly to rectify the situation.
5. Residents who are feeling harassed, intimidated and or discriminated against should access one of more of the following support resources:
 - PARO – [PARO – Inspired by our love of medicine \(myparo.ca\)](http://myparo.ca)
 - Office of Equity and Professionalism, Western University [Human Rights Office - Western University \(uwo.ca\)](http://uwo.ca)
 - Wellness Coordinator, Program Director and/or Division Chief
6. Residents suffering from undue stress during their residency are encouraged to make use of one of the following resources:
 - Their Program Mentor
 - The Program Director and/or Wellness Coordinator
 - OMA helpline for Physicians
 - PARO helpline for residents [PARO – Inspired by our love of medicine \(myparo.ca\)](http://myparo.ca)
 - Schulich Office of Learner Equity and Wellness [Learner Experience - Western University \(uwo.ca\)](http://uwo.ca)
 - Family physician

The Resident Wellness Policy should be reviewed, edited and accepted with input from the resident body through the Resident Training Committee.

Current Revision #: 2
Approved by: RTC

Date: May 15, 2019

Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media

These Guidelines apply to all postgraduate trainees registered at Schulich School of Medicine & Dentistry at Western University, including postgraduate students, fellows, clinical research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, e-mail, posting to public media sites, mailing lists and video-sites.

General Guidelines for Safe Internet Use:

These Guidelines are based on several foundational principles as follows:

- The importance of privacy and confidentiality to the development of trust between physician and patient
- Respect for colleagues and co-workers in an inter-professional environment
- The tone and content of electronic conversations should remain professional
- Individual responsibility for the content of blogs
- The permanency of published material on the Web
- All involved in health care have an obligation to maintain the privacy and security of patient records under The Personal Health Information Protection Act [PHIPA], which defines a record as: "information in any form or any medium, whether in written, printed, photographic or electronic form or otherwise."

MSc in Surgery

The Department of Surgery offers a Master of Science in Surgery Program. This MSc is tailored to the unique needs of surgical trainees; providing an intensive research experience and a solid foundation for success as an academic surgeon.

The MSc in Surgery is intended to fully prepare these individuals specifically seeking future positions in Academic Health Science Centres for the demands of a research career in relation to the CanMeds roles of Medical Expert and Scholar. Demonstration of core competencies will be required through coursework, basic/clinical/applied research, thesis preparation and defense.

Please note: The MSc in Surgery is not a clinical program.

More information on the program can be found here: [MSc in Surgery - Surgery - Western University \(uwo.ca\)](https://www.uwo.ca/med/department_of_surgery/graduate_programs/msc_in_surgery.html)

APPENDIX

Internet Links for Policies and Guidelines:

- Specialty Training Requirements & Royal College Objectives of Training in Plastic Surgery: [Home \(royalcollege.ca\)](http://royalcollege.ca)
- PARO Vacation Guidelines: [PARO – Inspired by our love of medicine \(myparo.ca\)](http://myparo.ca)
- Schulich Postgraduate Medicine: Academic Resources & Handbook: [Western University \(uwo.ca\)](http://uwo.ca)