

POST-GRADUATE GOALS AND OBJECTIVES – THORACIC SURGERY ST. JOSEPH'S HEALTH CENTRE

PGY-1 General Surgery residents will generally complete a one month rotation on the Thoracic Surgery service.

Medical Expert

Knowledge

By the end of the Rotation, the PGY-1 Resident will be able to demonstrate an understanding of:

1. The workup and treatment of patients with pneumothorax:
 - a. Primary pneumothorax
 - b. Secondary pneumothorax
2. The workup and treatment of patients with pleural effusion:
 - a. Empyema
 - b. Malignant
3. The basic physiologic and staging workup of lung cancer.
4. The initial workup of the patient with a mediastinal mass:
 - a. Thymoma
 - b. Lymphoma
 - c. Germ Cell tumour
5. The workup and the description of the various treatment options of patients with benign esophageal disease:
 - a. GERD
 - b. Achalasia
 - c. Paraesophageal hernia
6. The basic overview of the workup and various treatment options of patients with esophageal cancer.
7. Interpretation of CXR and basic interpretation of CT chest imaging.
8. Management of chest tubes and the indication for the different types of tubes:
 - a. Open technique (large bore chest tube)
 - b. Seldinger technique (pigtail chest tube)

Technical Skills

By the end of the Rotation, the PGY-1 Resident will be able to demonstrate proficiency in:

1. Describing the conduct of a thoracotomy.
2. The insertion and removal of a tube thoracostomy (open or pigtail) for pneumothorax, pleural effusion, empyema in an uncomplicated patient. This includes the use of bedside ultrasound for placement of tubes in the appropriate setting.
3. The insertion of a tube thoracostomy for pneumothorax, pleural effusion, empyema in a more complex patient with supervision.
4. Describing the anatomic considerations related to bronchoscopy.
5. Completing a safe bronchoscopy in a stable patient with supervision.
6. Opening and closing a thoracotomy incision with supervision.
7. Acting as an assistant in lung resection, excision of mediastinal mass or esophagectomy

Communicator

By the completion of the rotation the resident should be able demonstrate proficiency in:

1. Completing the surgical checklist with the peri-operative team

2. Communicating with consultant services and collaborate effectively with consulting services and allied professionals to ensure best care delivery
3. Completion of the electronic handover tool after their on-call period
4. Obtaining informed consent for emergency and elective surgery.

Professional

By the completion of the rotation the resident should be able demonstrate proficiency in:

1. Handover with the team on call and the responsible staff surgeon for any patient with active issues prior to leaving the hospital (pending investigations, requires clinical reassessment, pending surgical intervention, recent transfer to the ICU).
2. Timely completion of medical records: OR dictations, clinic and consult notes.
3. Enabling resident team members to respect the PARO contract.
4. Engaging in patient safety initiatives and identify opportunities for quality improvement.
5. Providing patient care in a compassionate and ethical manner, reflecting an understanding of issues related to age, gender, culture and ethnicity.

Scholar

1. Demonstrate a curiosity and interest in the field, by reading around cases to expand scope of knowledge.
2. Maintain an acceptable attendance record and participate appropriately for their level at Hospital based teaching rounds.
3. Meet the diverse learning needs of housestaff at various levels and from various disciplines.

Health Advocate

1. Ensure diagnostic tests are completed in a timely fashion.
2. Advocate for cancer prevention e.g. smoking cessation.