
**Guidelines for Promotion from the
PGY3 to PGY4 level of training in General Surgery
(June 2013)**

The following guidelines should be considered in the promotion of PGY3 residents:

Overall

1. The resident should achieve a minimum overall global evaluation of 3 on each ITER over the academic year. CanMeds - All
2. The resident should have adequate performance on the annual oral examination (overall >68%). CanMeds - Medical Expert, Communicator
3. The resident should have achieved an acceptable mark with a demonstrated trajectory of improvement on the annual CAGS examination (within 2 SD of the national mean in the PGY3 year). CanMeds - Medical Expert
4. The Resident should have achieved a passing mark on the GI curriculum MCQ and simulation skills training evaluation. CanMeds - Medical Expert, Cognitive and Technical Skills
5. Based upon clinical performance and evaluations, the RPC should be confident that the Resident regularly prepares for, attends and participates in Q/A activities and journal clubs. CanMeds - Scholar, Manager

Diagnosis and management of common problems:

6. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to appropriately diagnose and manage breast disease including: fibroadenoma, Phylloides tumour, DCIS, LCIS, invasive breast cancer, locally advanced breast cancer and metastatic breast cancer including appropriate use of mammography, ultrasound, core biopsy, MRI, indications for radiotherapy, chemotherapy, hormonal therapy, neoadjuvant therapy, as well as palliation for advanced breast disease. CanMeds - Medical Expert
7. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to develop a diagnostic and treatment plan for colorectal malignancy, including differential diagnoses, presenting symptoms, indications for screening, surgical treatment options for acute or elective presentations, role of lymphadenectomy, need for surgical margins, role of chemo and radio therapy, neoadjuvant therapy, treatment of advanced and metastatic disease, as well as palliation. CanMeds- Medical Expert
8. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to develop and implement a diagnostic and treatment plan for a pigmented skin lesion. CanMeds - Medical Expert

9. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to diagnose and develop a plan of treatment for the management of enterocutaneous fistulae including resuscitation, imaging, attention to skin and nutrition, as well as indications and timing for surgery. CanMeds - Medical Expert
10. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to diagnose and implement an appropriate plan of management for common peri-anal diseases: fistulae, fissures, abscesses. CanMeds - Medical Expert
11. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to diagnose and implement an appropriate plan of management for wound abscesses. CanMeds - Medical Expert

Consent discussion and performance of procedures:

12. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to complete a laparotomy for small bowel obstruction including, opening and closing of the abdomen, lysis of adhesions, small bowel resection with primary (handsewn or stapled) anastomosis of small bowel with minimal or some assistance. CanMeds - Medical Expert - Technical
13. Based upon clinical performance and evaluations, the RPC should be confident in the resident's ability to complete an uncomplicated inguinal hernia repair with minimal or some assistance. CanMeds – Medical Expert, Technical
14. The resident should have submitted 3 completed OPRS forms for elective inguinal hernia repair with a minimum of 3s in each category by May 31st of the academic year. It is expected that a PGY3 resident should be able to complete a straightforward operation with minimal or some assistance. (see appended OPRS form) CanMeds - Medical Expert, Technical
15. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to complete a breast lumpectomy for a malignant lesion with minimal or some assistance. CanMeds - Medical Expert, Technical
16. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to complete a sentinel LN biopsy with some assistance. CanMeds - Medical Expert, Technical
17. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to gain consent for lumpectomy, mastectomy and sentinel LN biopsy in the non pregnant patient, explaining the risks and benefits, with appropriate attention to common and severe complications. CanMeds - Medical Expert, Communicator
18. The resident should have submitted 3 completed OPRS forms for uncomplicated breast lumpectomy with a minimum of 3s in each category by May 31st of the academic year. (see appended OPRS form) CanMeds - Medical Expert, Technical

19. The Resident should submit 3 completed, de-identified OR dictations for breast lumpectomy to the PD's office by May 31st of the academic year. This should be kept for the Resident's portfolio. CanMeds - Medical Expert, Communicator

Patient care and management:

20. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to complete clear, concise and timely consultations in the ambulatory setting. CanMeds - Medical Expert, Communicator
21. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to communicate effectively with team members in order to ensure rapid and appropriate care for patients requiring emergency surgery. This includes engagement of the peri-operative team (nursing and anesthesia), ED, ICU, attending. CanMeds - Communicator, Manager
22. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to ready patients for timely discharge and organize essential aspects of discharge planning, including communication with team members, identifying need for home care, follow-up investigations and clinic appointments and consultations. CanMeds - Communicator, Manager
23. Based upon clinical performance and evaluations, the RPC should be confident in the Resident's ability to apply best practice guidelines related to the management of devices such as urinary catheters, intravenous lines, central lines, drains and chest tubes. CanMeds - Medical expert, Manager

Teaching:

24. Based upon clinical performance and evaluations, the RPC should be confident in the ability of the Resident to teach about management of surgical problems and patients to an inter-disciplinary audience including nurses, paraprofessionals, medical students and residents from other disciplines. CanMeds – Medical Expert, Scholar

Operative Performance Rating System (OPRS)

OPEN INGUINAL HERNIA

Evaluator:

Resident:

Resident Level:

Program:

**Date of
Procedure:**

**Time Procedure
Was Completed:**

**Date Assessment
Was Completed:**

**Time Assessment
Was Initiated:**

Please rate this resident's performance during this operative procedure. For most criteria, the caption above each checkbox provides descriptive anchors for 3 of the 5 points on the rating scale. "NA" (not applicable) should only be selected when the resident did not perform that part of the procedure.

Case Difficulty

1	2	3
Straightforward anatomy, no related prior surgeries or treatment	Intermediate difficulty	Abnormal anatomy, extensive pathology, related prior surgeries or treatment (for example radiation), or obesity
☐	☐	☐

Degree of Prompting or Direction

1	2	3
Minimal direction by attending. Resident performs all steps and directs the surgical team independently with minimum or no direction from the attending, to either the resident or to the surgical team.	Some direction by attending. Resident performs all steps but the attending provides occasional direction to the resident and /or to the surgical team.	Substantial direction by attending. Resident performs all steps but the attending provides constant direction to the resident and surgical team.
☐	☐	☐

Procedure-Specific Criteria

Identification of Indirect Hernia Sac

[illegible]

Identification of Anatomic Landmarks for Mesh Placement

[illegible]

Mesh Insertion

[illegible]

General Criteria

Instrument Handling

[illegible]

Respect for Tissue

[illegible]

Time and Motion

[illegible]

Operation Flow

[illegible]

Overall Performance

Rating of 4 or higher indicates technically proficient performance (i.e., resident is ready to perform operation independently, assuming resident consistently performs at this level)

5	4	3	2	1	
Excellent	Very Good	Good	Fair	Poor	NA
☐	☐	☐	☐	☐	☐

Please indicate the weaknesses in this resident's performance:

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Operative Performance Rating System (OPRS)

PARTIAL MASTECTOMY WITH AXILLARY MANAGEMENT/BREAST BIOPSY

Evaluator:

Resident:

Resident Level:

Program:

**Date of
Procedure:**

**Time Procedure
Was Completed:**

**Date Assessment
Was Completed:**

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☐	☐	☐

Identification of Nerves

[illegible]

Suturing Technique

[illegible]

General Criteria

Instrument Handling

[illegible]

Respect for Tissue

[illegible]

Time and Motion

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Clear economy of motion, and maximum efficiency		Efficient time and motion, some unnecessary moves		Many unnecessary moves	
☐	☐	☐	☐	☐	☐

Operation Flow

5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
Obviously planned course of operation and anticipation of next steps		Some forward planning, reasonable procedure progression		Frequent lack of forward progression; frequently stopped operating and seemed unsure of next move	
☐	☐	☐	☐	☐	☐

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5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	NA
☐	☐	☐	☐	☐	☐

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