Schulich
MEDICINE & DENTISTRY

Western University

Division of General Surgery

RESIDENT HANDBOOK

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Western

DIVISION OF GENERAL SURGERY

Expectations for Surgical Residents

In 1996, the RCPSC adopted a new framework of core competencies for all specialists, called the "CanMEDs Roles". CanMEDs is an abbreviation of "Canadian Medical Education Directives for Specialists". This framework of core competencies includes the different roles that physicians fulfill in their daily practice, namely the roles of Medical Expert, Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional. A revised version of the CanMEDs framework was adopted in 2005. This framework is now the basis for accreditation, evaluation and examinations, as well as objectives of training and standards for continuing professional development.

Medical Expert
This is the central role that integrates all of the CanMEDs roles: applying medical knowledge, clinical skills, and professional attitudes in the provision of patient-centered care.

Communicator
Effectively facilitating the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Collaborator
Working effectively as a member of a health care team to achieve optimal patient care.

Leader
Be an integral participant in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Health Advocate
Responsibly using expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Scholar
Demonstrating lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

Professional
Being committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.

DIVISION OF GENERAL SURGERY

Resident Expectations

Clinical/Service

1. Assist in Pre-operative assessment utilizing history/physical, lab/radiology.
2. Determine level of operative risks in patients.
3. Review cases with attending surgeons.
4. Obtain informed operative consent and provide patient education.
5. Attend and assist and perform operative interventions.
6. Attend to post-operative care. Continuity of care in post-op patient management is crucial.
7. Operative reports will be dictated by the staff surgeon, unless otherwise stated. You are responsible for completing the front sheet on all patients. All discharge summaries should be dictated with 24-hours.
8. Morning rounds should be started at an appropriate time, depending on the number of patients on the service in order to complete these rounds before the O.R. commences. During morning rounds the problem list for each patient should be reviewed and updated and investigations for the day should be decided upon and assigned to members of the team to organize.
9. It is expected that you will round on your 'sicker' patients again at the end of the day before you leave for the day. This way there will be no "surprises" for your colleagues that are on call that night. Sign out patients of concern to the resident on call prior to leaving the institution

10. The senior resident is expected to round at least 2 weekends a month. On the weekends that you are not rounding, you are expected to notify the staff.
11. Brief notes should be written each day on each active patient on the service.
12. Progress notes should be written on each assessment and especially when there has been a change in status.
13. It is recommended when writing prescriptions that you include your pager # on the script in case the pharmacy has questions regarding your orders and you must include your CPSO number.
14. Expected that you will cover at a minimum two surgical staff's patients. Remember junior residents are responsible to the service of general surgery (not team) and you may be called upon to cover other teams if they are short staffed.
15. You will be expected to consult on patients in the Emergency Department with various surgical problems. Expeditious backup should occur on these consults by your staff person on call. All patients seen in the ER who are discharged to have a note dictated. Clinical clerks are allowed to dictate only after you have personally reviewed the case with them. You are then responsible for the quality of that dictated note. If it needs to be revised you will be asked to do so.
16. All requests for consultations are to be accommodated in a timely fashion. If you cannot attend to this duty you must inform your staff person and/or your chief resident. All consultations are to have a note written in the patients chart and a note dictated as well. You must let your staff person know about all consultations. If you are asked to "be aware" of a patient, this constitutes a request for

consultation and a formal consultation is to be undertaken.

17. When on call the resident is responsible to communicate with the staff in an appropriate time interval. This will depend on the acuity of the problem but at the latest should be by 8:00 am., the day after an evening on call.
18. You are expected to attend a minimum of one outpatient clinic per week. Attendance is **MANDATED** both by the program and by the Royal College. It is essential to your understanding of the assessment of new patients and to review patients who are having post-operative problems. Given the number of same day admit procedures, this is your opportunity to assess patients in the elective situation and become experienced in peri-operative decision-making.
19. We expect you to become comfortable in collaborating with other members of the health care team. Interdisciplinary rounds for patient planning are held on a regular basis. You are expected to meet with members of the nursing staff, psychologists, nutritionists, social workers, and physiotherapists and so forth to plan patient care and expedite discharge. Multi-disciplinary rounds are held on a weekly basis.
20. You are expected to keep a log of all morbidity and mortality issues and present these at M&M Rounds. These are held twice a month at University Hospital and Victoria Hospital.
21. Bed management is not your responsibility. If there are problems then contact the consultant or the on-call bed manager.
22. Senior resident must attend all trauma team calls (adult & pediatric). You cannot access trauma patients over the

phone. If you feel the TTL is abusing the system, then report this to Daryl Gray.

Educational

1. Prepare, attend, and **arrive on-time** for weekly General Surgery Rounds and Interhospital Grand Rounds. There will be a dress code in effect for Interhospital Grand Rounds, with no OR greens permitted, unless you are post-call. Attendance at rounds is **MANDATORY.**
2. Present cases & attend Morbidity & Mortality Rounds. Attendance is **MANDATORY.**
3. Attend Wednesday academic ½ day sessions. You are expected to arrive promptly at 8:00 am for Duff School. Late arrivals will not be permitted **and you will be asked to leave if you arrive late.** The only exception will be if you have been on call & operating. **Attendance is MANDATORTY**. If you miss more than 5 teaching sessions during the academic year without justification and documentation, then funding for conferences will be denied. This includes any educational event you are invited to present at. If you miss more than 2 teaching sessions during any 3-month block, you will then have to meet with Dr. Ott to review the situation and possible failure of the professional/scholar component of that rotation. (see academic ½ day policy)
4. If you cannot attend your weekly academic ½ day then the Program Administrator must be notified, or you will be marked absent (without an excuse) If you are on vacation/leave an email should be sent prior to starting your time away with the dates for teaching sessions that you will be absent.

5. Residents rotating on either the vascular or thoracic service are excused from Duff School, but should attend Wednesday School.
6. Residents in 1st year are required to attend all Surgical Foundations courses. You are excused from the resident seminar series during this time, but you should try to attend Duff School (0800-0900)
7. Each resident is expected to conduct the seminar series at least once during the year. Seminars are **case based** and objectives will be provided to you. It is your responsibility to contact the staff person that has been assigned to supervise your presentation no later than **5-weeks** prior to the teaching date. All seminar presentations must be reviewed by the staff person a minimum of **2-weeks** prior to presenting to the group. You will be evaluated on your presentation.
8. Your presentation and selected reading are to be emailed to the Program Administrator the Tuesday prior to presenting.
9. Attend & participate in monthly Journal Club. Attendance is **MANDATORY.**
10. It is expected that you will "read around your cases". This means that you should familiarize yourself with the issues involved in a certain operative procedure as well as indications, complications and the relative anatomy and embryology. Remember the right to operate on a staff person's patient is earned by knowledge of the case, operative indications, as well as the pathology that you are dealing with.
11. It is expected that you will also read outside of your cases. You will need to know about pathologies that you will rarely, if ever, see.

Evaluation

1. You will be evaluated both mid-way through and at the end of your rotation. You are expected to touch base with your supervisor & request a meeting (at the 6-week mark of the rotation) to discuss your mid-term evaluation. The staff person is responsible for completing the form electronically. Your final evaluation on any service must be completed before you leave the service & you are responsible for setting up a time with your supervisor to have this completed. Daily feedback will be provided regarding your performance as well. Evaluations are done on-line and it is imperative that these be completed in a timely fashion. Evaluations are strictly confidential and are a very useful tool in improving the quality of our service. Evaluations will be communicated to the resident in a timely manner. All evaluations are done electronically and available for review after completion.
2. You are expected to complete an on-line consultant evaluation prior to leaving the service. Staff evaluations are strictly confidential & until such time that you complete the evaluation, you will not have access to your own rotation evaluation.
3. Procedure logging is a **MANDATORY** part of your training. At the end of every rotation, you will be asked to produce a list of all procedures that you have encountered. Failure to keep an up-to-date procedure log can result in failure of a rotation.
4. You will be expected to have a minimum of 2 operative evaluations completed weekly. These can be sent to the consultant electronically.
5. Individual bi-annual reviews are held with the Program Director during the academic year with regard to your

performance, knowledge, skills, satisfactory progressive scholarship, and professional growth.

6. You are expected to write the yearly CAGS exam, and you will be required to participate in the yearly oral examination.
7. You are expected to present a research project 4 out of your 5 years at the annual Resident Research Day and attend the annual Resident Research Retreat.
8. To progress in the program and be ultimately successful in completing the program, a resident must demonstrate his or her ability to assume increased responsibility for patient care. Advancement to higher levels of responsibility will be on the basis of an evaluation of his or her readiness for advancement. This determination is the responsibility of the Resident Training Committee and with input from members of the teaching staff.

On-Call

1. On average the on-call schedule will not exceed 1:3 for senior residents "at home" and junior residents 1:4 to 1:6 "in house", depending on the number of junior residents on the service. Call will not exceed the numbers as per the PARO/OCATH agreement. When you have been on call it is expected that you should hand over patients that you have admitted to the residents on the service in the morning before doing your in-service rounds. Likewise when you are aware that your staff person had been on call the previous night, please contact the resident that was on that same night in order to pick up the new patient and identify immediate issues that need to be

dealt with. All post-call junior residents are expected to go home by noon, as per PAIRO guidelines.

2. When leaving post-call it is important that you hand over and sign out your patients to a fellow resident or let your staff people know that you are leaving and that they will receive calls directly regarding their patients.
3. It is expected that you will respond to your pages in a timely manner.
4. It is expected that if you are unable to report for clinical duties that you contact your staff person, senior/chief resident & email the Program Administrator.

General

1. As a resident, you will be a role model for those working with you, particularly the medical students working on the service. Keep in mind that you have a responsibility to your patients and their proper management, and also to continuity of care. The students working with you will closely watch your behavior and attitudes. Remember your CanMEDs roles; you will be evaluated on them.
2. It is important that you develop a sense of self-confidence and responsibility along the way but never be afraid to ask questions when you are unsure as to what should be done.
3. We expect you to develop basic skills in advocating what is right for patients who can't speak for themselves, and also become involved in difficult ethical decision-making such as withdrawal of care in patients in the ICU and in organ donation.
4. You should demonstrate the appropriate attitude and behavior expected of a competent physician. You must

effectively interact and communicate with other members of the health care team and with patients and their families.

5. You are expected to abide by the Western & LHSC code of conduct:
    - respect & consider the opinions & contributions of others
    - embrace compassion & show genuine concern for patients & their families
    - share your suggestions & concerns with discretion & tact
    - protect privilege information
    - engage in honest, open & truthful communication
    - create & foster a collaborated & caring work environment
    - treat everyone with dignity & respect

Chief Resident Responsibilities

University Hospital

Duff School:
Case presentations should be discussed with the consultant supervisor 1-2 days prior to teaching. If teaching is at University, you are responsible for arranging cases. Email me the cases the day prior, so that I can post on the website.

General Surgery Rounds: Wednesday 0700-0800
Cases are to be sent to me no later than the Thursday the week prior to rounds and should be discussed with Dr. Davies in advance. One of the cases presented should have a good literature search.

Interhospital Grand Rounds: 3rd Wednesday
It is the aim of the division to have guest speakers at these rounds. If a guest speaker isn't available then case presentation will be prepared by the chief resident.

M&M Rounds: **Wednesday 0700-0800**
All teams present on a weekly basis. The cases should be emailed to me no later than the Friday before. If a team has no cases they need to let me know that.

GI/DST Rounds: Thursday 0700-0800
You are expected to attend these rounds

GI/IBD Rounds: Tuesday 1630-1730
You are expected to attend these rounds

Call schedules:
All call schedules must be submitted to the program office no less than 2-weeks before the start of the next block. We prefer that you submit DRAFT schedules 3 months at a time. You are expected to approve all vacation & educational/professional leave in accordance with the PARO guidelines & Division policy (see vacation & educational/professional leave policy in handbook)

NorthEnd Surgical Associates: Please ensure all residents are aware of this policy:
All patients seen in consultation in the emergency department or the ward, which are not seen by a consultant, need to be billed to NESA. The resident should dictate a note to the consultant on call & a copy to NESA c/o Christine Ward.

Be sure to add the patient to the NorthEnd Surgical Associates list in Powerchart

Chief Resident Responsibilities

Victoria Hospital

Duff School:
Case presentations should be discussed with the consultant supervisor the 1-2 days prior to teaching. If teaching is at Victoria, then you are responsible for arranging the cases. If teaching is at University, then you must contact the chief resident at that site to make sure that the cases are arranged. Email me the cases the day prior, so that I can post on the website.

General Surgery Rounds: Wednesday 0700-0800
Cases are to be sent to me no later than Wednesday the week prior to rounds and should be discussed with Dr. Leslie in advance.
One of the cases presented should have a good literature search.

Interhospital Grand Rounds: 3rd Wednesday
It is the aim of the division to have guest speakers at these rounds. If a guest speaker isn't available then case presentation will be prepared by the chief resident.

Trauma Rounds: **Wednesday 0700-0800**
Trauma resident is responsible for sending me the details of the presentations, no later than the Wednesday the week prior to rounds. All general surgery residents & medical students are expected to attend.

General Surgery M & M: 3rd Tuesday & 1st Wednesday 0700-0800
Cases are to be given to Dr. Gray ahead of time, you should check with him to find out when he wants them. If M&M rounds are not being held on the 2nd Tuesday, then you need to send me cases the week prior for general surgery rounds.

Trauma M & M: 2nd Tuesday 0700-0800.
All general surgery residents & medical students are expected to attend. Check with Drs. Gray & Parry regarding these rounds.

GI/DST Rounds: Thursday 0700-0800
You are expected to attend these rounds

GI/IBD Rounds: Tuesday 1630-1730
You are expected to attend these rounds

Call schedules:
Must be submitted to me no later 2-weeks before the start of the block. We would prefer that you submit DRAFT schedules 3-months at a time. Call schedules will have to be approved by Dr. Ott, prior to sending out final version. You are expected to approve all vacation & educational/professional leave in accordance with the PARO guidelines & Division policy (refer to the vacation & educational/professional leave policy)

Surgical Associates: Please ensure all residents are aware of this policy:
All patients seen in consultation in the emergency department or the ward, who are not seen by a staff person,

need to be billed to Surgical Associates. The resident should dictate a note to the consultant on call & a copy to Surgical Associates c/o Eva Andreozzi

Be sure to add the patient to the SouthEnd Surgical Associates list in Powerchart.

ACADEMIC ½ DAY
PAGING POLICY

The Resident Training Committee endorsed the following actions to be effective July 1, 2016

1. We will endeavor to have all resident pagers signed over to staff surgeons from the hours of 0730 – 1130 during the 4 hours of protected teaching time. Residents have been instructed to record an absent (disabled) greeting ***"I am unavailable until after 11:30 am if this is an urgent matter please page the staff surgeon".*** If staff surgeons are away we would expect organized coverage of your patients by one of your colleagues.

To record an absent (disabled) greeting:

- Dial 5 digit pager number
- Press**
- Press 12 then 3
- Follow the prompts
- Include your 5 digit pager number and name
- You may also include alternate contact information such as office extension or phone number.

2. There will be a zero tolerance policy for missing teaching. This will require all staff to free residents from clinical duties on the Wednesday from 0730-1130 without exception. For more complicated operative cases staff surgeons will be required to arrange for assistance in the OR. Residents will not be permitted to miss academic ½ day in order to attend an "interesting case". Residents are not allowed to miss teaching for clinical duties. Residents who miss teaching will be required to explain any absences. Residents from distributed sites within commutable distances will need to return to London for teaching (St. Thomas, Stratford, Strathroy, Woodstock etc….).

3. One senior resident will remain to cover the ACCESS service on Wednesday between the hours of 0730-1130 at each site. This is not the exclusive role of the resident assigned to the ACCESS service but should be shared by all residents at the site on a rotating basis.

PEDIATRIC SURGERY CALL POLICY

Maximum Call of Pediatric Senior and ACCESS Intermediate

The senior assigned to pediatric surgery ***should be on call the maximum number of shifts within the current PARO guidelines.*** This would require the pediatric senior resident to be on call 9 times in any 28 day block, including weekends if no leave is planned.

The intermediate resident on ACCESS at Victoria Hospital ***should be on call the maximum number of shifts within the current PARO guidelines***. This would require the access intermediate resident to be on call 9 times in any 28 day block, including weekends if no leave is planned.

Therefore if the senior resident and intermediate are not taking any leave during the 28 day block a total of 18 calls should be covered by these two residents with only 10 calls being left to be filled by other residents.

Pediatric Surgery Extra Call Pool

The remainder of the call once the pediatric senior resident and ACCESS intermediate have maximized their call under the PARO guidelines shall be ***evenly distributed as follows:***

1. The Victoria Hospital adult senior residents and any additional intermediate ACCESS resident will cover 1 call per block on pediatric surgery (not cross coverage, preferably not a weekend)

2. Junior general surgery residents will be permitted to cross-cover 4 calls per block on pediatric surgery (preferably not a weekend).
3. Residents on the GI service must ensure that the combined call of GI and pediatrics does not exceed the PARO contract guidelines.
4. All residents who are engaged in research or advanced degrees and are within reasonable commutable distance shall be expected to participate in pediatric surgery call.
5. Residents engaged in research years can only be used for a maximum of 6 calls per 28 day block in order to not interfere with research projects and degree requirements.
6. Residents assigned to the St Joseph's breast surgery rotation at times will be required to participate in the pediatric call pool depending on need. ***Residents assigned to St Joseph's breast surgery will be included in the pediatric surgery call pool if approval is given by the Program Director***

7. On exceedingly rare occasions residents on rotations in St Thomas, Stratford, Woodstock and Strathroy may be required to participate in the pediatric call pool. ***Residents assigned to community rotations can only be included in the call pool if approval is given by Program Director.***

Weekend call: each clerk is assigned to a Friday and Sunday; or 2 Saturdays with a weekend in between

Weekday: no more than 1 night in three

Order of Residents to be used in Generating the Pediatric Call Schedule

The following individuals should be used in the order described to generate the call schedule.

Senior Resident:
All call schedules must comply with PARO and other policies such as the call reduction policy for chief residents.

1. Pediatric Surgery Senior Resident (maximum call per block per PARO)
2. Access Intermediate or Co-Senior (maximum call per block per PARO)
3. Vic Senior General Surgery Residents (1 additional call per block, ***not cross covering***)
4. St Joes Breast Surgery Resident (with approval by PD, up to 6 call per block)
5. General Surgery Residents on Research (maximum of 6 call per block)
6. General Surgery Residents on GI (must not exceed PARO maximum call requirements)

Junior Resident:

1. Pediatric Surgery Junior (Maximum call per block per PARO, preferentially weekends and holidays). ***Pediatric Surgery Juniors should be discouraged from taking vacation during their one and only block of surgical education.***
2. General Surgery Junior (Maximum 4 cross covering calls, not weekends if possible)

Generating the Pediatric Surgery Call Schedule

The Chief resident on adult surgery and the senior pediatric resident will work together to produce a fair & equitable call schedule***. Failure to do so will be a failure of the professional role.*** In generating the call schedule the senior resident on pediatric surgery should solicit days that residents in the extra call pool are free to do call the month prior to generating the call schedule. All possibilities to accommodate residents within the extra call pool should be done in order to not interfere with the educational goals of the resident performing call. Call amongst the residents within the extra call pool should be equitable.

The call schedule must be reviewed by Dr. Andreana Butter before being sent to the Program Administrator for distribution. All disputes with the call schedule should be brought to the attention of Dr. Andreana Butter and the Program Director who will adjudicate disputes and generate a call schedule should the pediatric senior not be able to fulfill their role.

Expectation for Weekend Rounding

Rounding on inpatients should be done by either the senior or junior resident on the service. If you are unable to round, you must speak to Dr. Andreana Butter for pre-approval. Residents assisting in call should not be required to round on in-patients while covering weekend call with the exception of patients they have been involved with clinically through consultation or operating room.

RESIDENT POLICY & PROCEDURES
VACATION
EDUCATIONAL/PROFESSIONAL LEAVE
ABSENCE DUE TO ILLNESS

Vacation

1. You are entitled to 4 weeks paid vacation per year (year begins July 1st). We prefer that you take only 1 week at any given time. Should you require more time than this a request will have to be approved by Dr. M. Ott, Program Director.
2. All vacation requests are to be completed at least 4-weeks **(we highly recommend 6-weeks)** before the commencement of the proposed vacation. Failure to do so will result in denial of your request. Requests are copied to the Program Administrator, for tracking purposes.
3. The Chief Surgical Resident at the site where you will be working at the time of the proposed leave must approve all vacation & educational leave requests. These requests are on a first come first serve basis.
4. We expect only 1 senior resident to be away on vacation at any one time.
5. If you are doing a community rotation or a research block the request should be submitted in the same manner as above. For community rotations send the request to the program administrator.
6. Statutory holiday replacement requests - you have 90 days to use these days and this request option will be available to use **after** the observed Statutory Holiday. It is our strong preference that, whenever possible, you take

your stat replacement day on the rotation where the holiday occurred.

7. On-Call upgrades must be sent to the Program Administrator on a regular basis. Remember your call can only be converted if you are required to be in hospital for more than 4-hours with more than 1-hour occurring after midnight.
8. Changes to call schedule - should you switch call with a colleague you must notify me (before the switch is made) or you will not receive your on-call stipend.

Educational/Professional Leave

1. In addition to vacation entitlement, you can take up to 7 days per year for educational leave. This is only for week days - if you require the weekend you must request as off-call, although your request for the weekend could be declined. Requests are copied to the Program Administrator for tracking purposes.
2. Time away for fellowship interviews will be deemed as educational/professional leave and, when necessary, vacation and a formal request must be submitted.

Sick Leave

1. If you are unable to report for clinical duties due to illness you must contact your staff person, the senior or chief Resident, and the Program Administrator's office. No exceptions.
2. If you are away for longer than 1-week then the appropriate paperwork must be completed by the

Program Administrator and submitted to the PGME office. A note from your physician will be required.

Resident Travel Requests
Guidelines and Application Form
November 29, 2016

1. Only resident travel to a scholarly conference, either national or international when invited to present will be assessed for travel funding.
2. Prior to submitting an abstract to a scholarly conference/meeting, the resident must declare their intention in writing to the Resident Research Committee (RRC), by email using the Request for Funding/Travel Form (see attached)
3. Residents must justify why the meeting chosen is of significance educationally and the most appropriate venue to present the work.
4. Requests to present and receive funding must be reviewed by the RRC.
5. Travel funds will be granted based on assessment of prior funding, scope of the work and the intended meeting.
6. International meetings should be sponsored by the supervisor or grant/other funding wherever possible, but special requests to the RRC will be considered for funding for international meetings.
7. International funding requests need to be accompanied with a letter of support and justification by the trainees' faculty supervisor.
8. Preferential funding will be considered for North American meetings if applicable to the project.

9. The division will provide a maximum of $1500 (Cdn) and will only pay for work presented at one conference/meeting. You cannot present the same work at numerous meetings.
10. Residents are encouraged to identify and apply for alternative sources of funding (i.e. PGE travel fund, RC travel fund, PSI Foundation, etc.)
11. Applications not received or reviewed by the RRC or received after travel will be denied funding.
12. Where possible, hotel accommodation and car travel should be shared.
13. Reimbursement of funds will only occur after submission of a full draft manuscript and original receipts are received in the program office (maximum time 2-months after travel). Late submissions will not be accepted and funding will not be provided.
14. Once the RRC has reviewed the application, the PA will inform the resident of the committee's decision via email.

Travel request forms can be requested through the program office

Document Requirements:

- Electronic abstract/manuscript
- Email of support from supervisor
- Proof of acceptance from conference

Poster Requirements:

- Using the division poster template, design your poster & submit to the program office.
- Poster will then be sent to the graphics person for designing.
- A copy of the poster will be sent to you and your supervisor for review before going to print.
- Poster layouts must be submitted a minimum of 4-weeks in advance of your travel date. If not then you will have to cover the production costs.

FLEXIBLE 3RD YEAR POLICY

Preamble:

The Residency Training Committee has increased concerns regarding the choices that residents are making for their 3rd year and the impacts this is having on clinical training and competency.

The intention of the flexible 3rd year was to provide additional training for:

1. Increased clinical exposure to community surgery for those considering a career in community surgery.
2. Sub-specialty surgical electives for improving exposure and to make choices about fellowship.
3. To complete a sustained block of research with a well-defined research project and scholarly product.

These intentions were to increase the resident's breadth of training and improve applications to fellowships and full time jobs. What was initiated as an option to do basic science research during clinical training has changed over the years. There has been a constant creep of the original intentions with an increasing push to obtain advanced degrees (Master's) within the five years of clinical training. Initially residents were obtaining research-based masters with a scholarly product such as a thesis. While completing the Master's degree residents continued in clinical learning (participating in call or assisting on a team). More recently residents are increasingly choosing a course based Master's

degree without the requirement of a scholarly product (thesis). Moreover, those that used to do research time continued to contribute to their own education by continuing in some limited clinical duties. The majority of residents are now applying to programs that do not allow them to contribute to clinical learning during the year. They are essentially engaging in a year of lectured courses with no clinical exposure. The outcome of these choices has led to individuals being unprepared to return to clinical work, difficulty in obtaining competency by the end of training, failures in clinical rotations early in year 4. Furthermore, we are beginning to come close to violating the Standards of Training in General Surgery from the Royal College of Physicians and Surgeons which may impact on individuals qualifying for the examination of certification.

The Standards of Training in General Surgery state apart from the clinical requirements a full 11 blocks can be used for the following:

Eleven (11) blocks of selective rotations, this may include any combination of the following:

4.1. Further training in General Surgery

4.2. Clinical rotations in other surgical and non-surgical disciplines relevant to the resident's career goals

4.3. Clinical or basic research

From the Royal Colleges point of view course based Master's degrees **are not** likely to satisfy the requirements as these are neither, clinical or basic research. The Master's of Surgery

from the Department of Surgery at Western, given the research thesis project in combination with course work would satisfy these requirements and should be promoted above course based Master's. Other research thesis based Master's degrees could possibly satisfy the RC requirements as well. Master's degrees that are course based but still allow people to participate in clinical care (i.e. on call, or other clinical service / learning) would still be considered training by the Royal College and may be considered.

Given this the following policy shall guide and direct the choices for 3rd year selections:

1. Doing an extended research block or Master's degree is a privilege and not a right. In order to be approved all clinical evaluations both on and off service need to be either meeting or exceeding expectations. CAGS exam scores and oral exam scores need to be on par with peers. Satisfactory progression as determined by the RTC and Program Director must be present. Concerns raised about technical skills, knowledge, judgment or any other CanMEDs role in ITERS despite overall meeting of expectations is sufficient to consider denying a 3rd year plan.
2. If planning on a non-clinical 3rd year residents will need to apply for approval before applying to programs. Initial application must be done before October 1 of year prior.
3. It is up to the discretion of the Program Director and/or Residency Training Committee to approve and/or disapprove 3rd year plans. If a plan is disapproved then an appeal can be made to the RTC. The final discretion lies with the Program Director.

4. The 3rd year plan needs to be outlined including a written proposal by October 1st the year prior and submitted to the program office for discussion and approval by the RTC and Program Director. The proposal must outline the benefit to the applicant and how this fits with overall training and career goals. If more than one program is applied to then separate written applications must be made outlining how the different programs still achieve the same overall goal.
5. If the Residency Training Committee has concerns they reserve the right to have the applicant come and present the 3rd year plan to the Residency Training Committee.
6. Only programs that are clinical or basic research will be considered in order to comply with the Standards of Training. There must be a scholarly product as a requirement for completion (i.e. thesis).
7. Research or Master's programs must be able to comply within the 11 block requirement of the General Surgery Standards of Training Requirements of the Royal College.
8. Course based Master's degrees that require residents to leave and not contribute to ongoing clinical training will be supported but will require a break in training and additional training time. Funding during breaks in training may not be continued and will be determined on an individual basis.