

# OBJECTIVES OF TRAINING AND SPECIALTY REQUIREMENTS IN A VASCULAR SURGERY ROTATION

## JUNIOR UROLOGY SURGERY PGY2 RESIDENTS - 3 MONTH ROTATION

Revised January 2011

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### PART A: OBJECTIVES OF TRAINING

#### DEFINITION

A specialist in Vascular Surgery is a physician with special education and expertise in the field of the peripheral vascular system. This requires the vascular surgeon to deal with all vessels (arterial, venous and lymphatic) from the perspective of both medical and surgical care. Therefore he/she has needs the appropriate medical, surgical and diagnostic knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting the vascular system.

#### THE UROLOGY RESIDENT AND VASCULAR SURGERY

While the Urology Specialist deals primarily with the renal and reproductive systems of the body, many of these systems are integrated with the vascular system.

Both vascular and urology dissect out the retro peritoneum on a regular basis, Reno vascular disease is an increasing problem in our society, and in many cities renal access surgery, Reno vascular reconstruction and renal transplant have urology as an integral part of the team.

Emphasis will be placed on the conservative and medical management of the patient's problem. With surgical intervention the resident will be exposed to vascular surgical techniques in a variety of locations of the body and also be exposed to interventional radiology.

The rotation recognizes that the RCPSC fellowship exam in Urology Surgery requires only a *working level* in the vascular surgery specialty, which indicates a level of knowledge sufficient for the clinical management of a condition, and/or an understanding of an approach or technique sufficient to counsel and recommend it, without having personally achieved mastery of that approach or technique.

However specific surgical skills (like a vascular anastomoses) acquired in this rotation are totally transferable to Urology and there is an expectation of learning these skills at an *extensive level*.

#### GENERAL OBJECTIVES (MINIMAL ACHIEVEMENT AT THE END OF 3 MONTHS)

Upon completion of rotation, the junior urology resident is expected to be able to assess and initiate treatment on a wide range of vascular problems. The resident must show the ability to develop the trusting and effective partnership with the many other health professionals that are necessary to achieve successful outcomes in these complicated patients.

Upon completion of his/her rotation, the resident must have a working understanding of the general physical and physiological aspects of the vascular system in health and disease.

Management of a patient with a vascular problem will require that the resident have the ability to:

1. Take a history of the patient's problem not only in the acute setting but also in the clinic setting. This requires at least attendance at the clinic for **3 days each month**
2. Conduct a complete physical examination and be able to formulate a differential diagnosis.
3. Demonstrate an understanding of the value and significance of laboratory, radiological and other diagnostic studies. **This includes competence in the use of the handheld continuous wave Doppler.**
4. Discuss the relative merits of various treatment alternatives and demonstrate level of urgency for referral and treatment for specific presentations.
5. List and discuss the indications, contraindications, types, variations, complications, and risks and benefits of surgical and non-surgical treatments for common vascular problems like Abdominal Aortic aneurysms, critical ischemia of peripheral vascular system, and symptomatic carotid disease. Also show understanding of the pan-systemic effects of atherosclerosis and how and if Reno vascular treatment should be done.
6. Discuss the significance of perioperative and postoperative problems that might arise following surgery on the vascular system. Show steady improvement in management of these complicated patients on the ward and demonstrate some independence by the end of 3 months.
7. Surgical skills to demonstrate includes dissection of the femoral triangle and exposure of the femoral arteries, perform a distal anastomoses, creation of an A-V fistula for hemoaccess, learn some rudimentary wire skills for endovascular repair. Also the resident should be able to insert a Peritoneal Dialysis Catheter.
8. Understand what constitutes medical Mortality and Morbidity and present rounds as such.

## **SPECIFIC OBJECTIVES**

*Revised into CanMEDS format January 2005*

At the completion of the rotation, the resident will have acquired the following competencies and will function effectively as:

### **1. MEDICAL EXPERT / CLINICAL DECISION-MAKER**

#### *Definition*

Vascular surgeons possess a defined body of knowledge and procedural skills, which are used to collect and interpret data, make appropriate clinical decisions, and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise. Their care is characterized by up-to-date, ethical, and cost-effective clinical practice and effective communication in partnership with patients, other health care providers, and the community. The role of *medical expert/clinical decision-maker* is central to the function of the vascular surgeon, and draws on the competencies included in the roles of scholar, communicator, health advocate, manager, collaborator, and professional.

#### **1.1 General Objectives**

The resident must demonstrate:

- diagnostic and therapeutic skills for effective and ethical patient care
- the ability to access and apply relevant information to clinical practice and work out a strategy to remember it.
- Effective consultation services with respect to patient care, education, media relations and legal opinions
- recognition of personal limitations of expertise, including the need for appropriate patient referral and continuing medical education

## 1.2 Specific Objectives

In order to achieve these objectives, the resident must demonstrate both knowledge (cognitive skill) and technical ability in the approach to problems in the practice of vascular surgery.

### 1.2.1 Cognitive Skills

The resident will possess knowledge of the following clinical conditions or problems encountered commonly in the practice of vascular. This list should be considered in its totality, and not be considered as comprehensive for all disorders in the practice of this specialty.

**1.2.1.1** An *working level* of knowledge is required for the following:

- a) Identify and describe vascular anatomy and regional anatomy related to arterial/venous vascular disorders for:
  - Extra cranial carotid occlusive, aneurysmal disease
  - aortoiliac occlusive, aneurysmal disease
  - lower/upper limb occlusive disease
- b) Discuss the broad range of vascular illness including congenital vascular disease, vascular trauma, and diseases of the venous and lymphatic systems.
- c) Outline the indications for intervention for intermittent claudication, abdominal aortic aneurysm, extracranial carotid stenosis (with/ without combined coronary disease), renal artery stenosis, and visceral artery occlusive disease.
- d) Describe the pathogenesis and complications of renovascular hypertension, aneurysmal disease, atherosclerosis obliterans of the lower limb.
- e) Illustrate the operative exposure of the major vessels, including:
  - carotid artery
  - suprarenal aorta
  - infrarenal aorta
  - femoral artery
  - popliteal artery (above-, below-knee)
  - tibial arteries (anterior, posterior, peroneal)
- f) Discuss the operative principles/approaches to:
  - Bypass grafting (types of grafts and suture material)
  - emergency vascular surgery
  - reoperative vascular surgery
  - principles/technique of endarterectomy
  - anastomotic construction.
- g) Summarize the etiology, microbiology, and treatment of diabetic foot infection.
- h) Analyze the options for treatment of patients with chronic venous insufficiency and venous ulceration.
- i) Categorize the prevention and management of operative and postoperative complications, including:
  - Graft infections
  - ischemic bowel
  - graft thrombosis
  - atheroembolic ("trash" leg syndrome)
  - cannulation of femoral vessels for cardiopulmonary bypass
  - white clot syndrome

j) Summarize the open surgical and endovascular techniques available for managing the following vascular disorders:

- Abdominal aortic aneurysms
- internal carotid stenosis
- femoral popliteal occlusion
- thoracic aneurysms and traumatic injuries
- tibial artery occlusion

k) Review critical factors for decision making in vascular surgery

- Natural history vs. response to intervention
- risk: reward ratio
- morbidity and mortality probability
- preoperative and postoperative assessment
- intraoperative assessment
- noninvasive vascular testing
- the role of CT scans, MRI, MRA, angioplasty.

l) Summarize thoracic aortic pathology:

- Principles of management of patients with thoracic aortic disease
- anatomy of aorta including its intrathoracic branches
- pathophysiology of aortic disease including atherosclerotic disease
- Marfans, and cystic medial necrosis
- pathophysiology of thoracic and thoracoabdominal aortic aneurysms
- traumatic transections, and dissections
- natural history of aortic disease
- sensitivity and specificity of methods for diagnosing aortic disease including emergencies
- indications for medical and surgical intervention.

**1.2.1.2** A *working level* of knowledge is required for the following:

**a. Anaesthesia**

- Preassessing a patient for vascular anesthetic, including the risks and benefits of general anesthesia, spinal anesthesia, epidural anesthesia, pudendal nerve block, and narcotics
- Medical diseases in vascular patients, including thrombophilias, cardiovascular and cardiopulmonary disease, and endocrine disorders, and other similar risk factors.

**b. Intensive Care**

- The principles of acute resuscitation
- The possible postoperative complications resulting from vascular surgery and the management of the patient in the ICU or step down unit.

**c. Preoperative and Postoperative Care**

- perioperative risk factors and their assessment
- the principles and appropriate use of nutritional support
- the principles of normal and impaired wound healing
- general surgical principles including wound closure
- the principles and appropriate use of narcotics and NSAIDs for postoperative pain control

- the management of postoperative medical and surgical complications, including indications for consultation with other specialties and/or the use of invasive hemodynamic monitoring and ventilatory support

## 1.2.2 **TECHNICAL SKILLS**

The resident will be exposed to a wide variety of technical skills in the practice of vascular surgery. The following is a detailed list of required technical skills, including surgical skills. This list should be considered in its totality, and not be considered as exhaustive for all disorders in specialty practice.

### 1.2.2.1 **Diagnostic Procedures and Techniques**

The resident will utilize a number of diagnostic procedures and techniques. The fully trained resident will demonstrate an understanding of the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of vascular surgery.

#### a. **The Continuous Wave Doppler**

- Velocity signals and waveform types in arterial and venous vessels.
- Ankle Brachial Index and the meaning of various values.
- Causes of spurious results and their meaning.
- Other related tests such as toe pressures, tissue oxygen levels.

#### b. **Imaging**

- Coloured Doppler and its uses (Duplex, Triplex Scanning)
- The Vascular Lab and its uses
- Transabdominal ultrasound for vascular disease
- CT and MRI scanning and how and when to order them.
- MRA vs contrast angiography
- Intraoperative angiogram and wire techniques for endovascular surgery including use of different sheaths, wires and catheters.
- Intraoperative angiogram and basic wire techniques.

### 1.2.2.2 **Therapeutic Technologies**

The resident will have a *working* knowledge of the physics and technological application of the following therapeutic modalities, including the risks, benefits, and complications of these approaches.

- electrocautery
- Angioplasty, atherectomy
- Thrombolytics
- Endovascular devices like stents and stent grafts.

### 1.2.2.3 **Surgical Skills**

The list of surgical skills is divided into categories reflecting the frequency with which these procedures are encountered during a 6 month rotation on a vascular surgery rotation.

#### a. **Surgical Procedures List A**

The following procedures in List A are those that the fully trained resident in cardiac surgery will understand and be able to perform, though he/she will not have actually acquired sufficient skill in residency to *independently* perform them. The resident will

be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

**The highlighted procedures should be achieved by the PGY2**

- a) Demonstrate the appropriate incisions and exposure of
  - Abdominal aorta and its branches
  - portal venous system
  - peripheral arterial system
  - extracranial carotid system
  - arteriovenous fistula.
  
- b) Obtain vascular control of major vessels, including:
  - Ruptured abdominal aortic aneurysm
  - inferior vena cava
  - popliteal artery
  - internal carotid artery
  - subclavian artery
  - vertebral artery.
  
- c) Perform selected "open" procedures or parts of the following procedures under supervision
  - **Aortic aneurysm repair**
  - carotid endarterectomy
  - aortoiliac occlusive disease
  - **femoral popliteal occlusive disease**
  - peripheral vascular trauma
  - **arteriovenous bridge graft for hemodialysis.**
  
- d) Discuss and demonstrate the role of adjunctive measures in operative procedures including
  - **arteriography**
  - angiography
  - thrombolytic therapy.
  
- e) Perform alternative methods of bypass grafting such as:
  - Extra-anatomic bypass
  - in situ bypass techniques
  - sequential and composite bypass grafting techniques.
  
- f) Management of vascular graft infections including:
  - Aortofemoral graft infection
  - primary/secondary aortoduodenal fistula
  - AV bridge graft infection
  - exposed infrainguinal bypass graft.
  
- g) Manage complications of common major vascular procedures (carotid endarterectomy, aortic reconstruction, lower extremity bypass, dialysis access thrombosis).
  
- h) Summarize management of thoracic aortic disease:

- Methods of surgical repair including choice of conduits
- techniques for preventing brain and spinal cord damage
- management of complications of aortic surgery

### **Surgical Procedures List B**

The following procedures in List B are those that the resident in vascular will understand but *not* be expected to be able to perform. He/she should be able to describe the principles of these procedures, the indications for referral and the perioperative management and complications.

#### ***Endovascular Procedures***

- Stenting in various parts of the body and their differences
- Endovascular grafting
- Retrieval of intravascular foreign bodies
- Thrombolysis techniques
- Embolization techniques

#### ***Surgical Procedures***

- Placement of Peritoneal Dialysis catheters
- Amputations at various levels

Source:

<http://hsc.usf.edu/SURGERY/VASCULAR/educationalobj2.html>

<http://rcpsc.medical.org/english/>

## **2. COMMUNICATOR**

### **DEFINITION**

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

### ***2.1 General Objectives***

The resident must be able to:

- establish therapeutic relationships with patients and their families characterized by understanding, trust, empathy, and confidentiality
- obtain and synthesize relevant history from patients, families, and/or community
- Discuss appropriate information with the patient, her family, and other health care providers that facilitate optimal health care. This also implies the ability to maintain clear, accurate, timely and appropriate records.

### ***2.2 Specific Objectives***

To achieve these objectives as a communicator, the resident must demonstrate:

- 2.2.1 the ability to obtain informed consent for medical and surgical therapies
- 2.2.2 The ability to record accurately and succinctly data collected from patients, laboratory tests and radiological studies and to communicate (oral or written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel.
- 2.2.3 Evidence of good interpersonal skills when working with patients, families, and other members of the health care team
- 2.2.4 An awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with vascular problems

- 2.2.5 The ability to prepare and present information to colleagues and other trainees (if applicable) both informally (e.g., ward rounds, vascular xray rounds) and formally (e.g., Grand Rounds, scientific meetings)

### **3. COLLABORATOR**

#### **DEFINITION**

The Vascular patient has multiple complex problems that span many specialties. This underlies the need for residents to develop excellent skills as collaborators. They also must learn to effectively and respectfully work with specialists in other fields, including emergency room physicians, anesthesia, diagnostic radiology, intensive care, internal medicine including cardiology and infectious disease, geriatrics and rehabilitation medicine, general surgery, and urology.

#### **3.1 *General Objectives***

The resident must be able to:

- consult effectively with other physicians
- consult effectively with other health care providers
- contribute effectively to a multidisciplinary health care team

#### **3.2 *Specific Objectives***

To achieve these objectives as a collaborator, the resident must be able to:

- 3.2.1 function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties
- 3.2.2 demonstrate the ability to function effectively and, where appropriate, provide leadership, in a multidisciplinary health care team, showing respect, consideration and acceptance of other team members and their opinions while contributing personal specialty-specific expertise
- 3.2.3 identify and understand and respect the significant roles, expertise, and limitations of other members of a multidisciplinary team required to optimally achieve a goal related to patient care, medical research, medical education or administration

### **4. MANAGER**

#### **DEFINITION**

Vascular surgery when it is required is usually time sensitive and yet requires a multidisciplinary approach. This requires the resident and staff to have excellent managerial skills in order to expedite the patient's care. As mentioned above the complexity of vascular surgery patients could also lead to costs of that care to quickly spiral out of control. Since there is no specific subspecialty of Internal Medicine to assist in the vascular patient's care, Vascular surgeons function as managers when they make everyday practice decisions involving resources, coworkers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context of the health care system. Thus, specialists require the abilities to prioritize and effectively execute tasks through teamwork with colleagues, and make systematic decisions when allocating finite health care resources.

#### **4.1 *General Objectives***

The resident should be able to:

- manage resources effectively to balance patient care, learning needs and outside activities
- Allocate finite health care resources wisely by choosing specific tests wisely
- work effectively and efficiently in a health care organization
- utilize information technology to optimize patient care, life-long learning and practice administration

## **4.2 Specific Objectives**

To achieve these objectives as a manager, the resident should:

- 4.2.1 Be able to effectively to participate in a clinical and surgical service, including the follow up of normal and abnormal test results, and triage of emergency problems
- 4.2.2 Demonstrate an understanding of the principles of quality assurance in the practice of vascular surgery, and be able to conduct morbidity and mortality reviews
- 4.2.3 Demonstrate an understanding of population-based approaches to the provision of medical care, including the costs and benefits of the various screening tests available for diagnosis vascular disease
- 4.2.4 demonstrate an understanding of how health care governance influences patient care, research and educational activities at the local, provincial and national level

## **5. HEALTH ADVOCATE**

### **DEFINITION**

Health advocacy is an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of vascular specialists in influencing public health and policy.

In the case of the resident, he/she will have the biggest impact on the individual patients in his care while on the service.

### **5.1 General Objectives**

The resident will:

- Identify the important determinants of health affecting patients
- Recognize and respond to those issues where advocacy is appropriate

### **5.2 Specific Objectives**

In order to achieve these objectives as an advocate, the resident should be able to:

- 5.2.1 identify the important determinants of health for an individual patient, highlight which determinants are modifiable, and adapt the treatment approach accordingly
- 5.2.2 make clinical decisions for an individual patient, when necessary balancing her needs against the needs of the general population and against the available resources
- 5.2.3 Facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible.
- 5.2.4 advise patients about the local and regional resources available for support, education and rehabilitation

## **6. SCHOLAR**

### **DEFINITION**

The resident must engage in a lifelong pursuit of mastery of their domain of professional expertise. They must constantly critically evaluate and modify their clinical practice in the context of new information, usually in the form of clinically relevant research. They recognize the need to be continually learning and appropriately integrating research findings into clinical practice, while modeling these competencies for others. Through their scholarly activities, they contribute to the generation, collection, appraisal, understanding, and dissemination of accurate and relevant health care knowledge for vascular and cardiac disease, and facilitate the education of their colleagues, students, patients, and others.

## 6.1 *General Objectives*

The resident must:

- develop, implement, and monitor a personal continuing education strategy
- be able to critically appraise sources of medical information and appropriately integrate new information into clinical practice
- Facilitate patient and peer as well as staff education, placing new research findings in an appropriate and clinically relevant context

## 6.2 *Specific Objectives*

In order to achieve these general objectives as a scholar, the resident must:

- 6.2.1 develop a habit of life-long learning, utilizing information technology for referencing cases, literature review and participation, through understanding, performing and utilizing, in basic or applied clinical research
- 6.2.2 Be familiar with the development, execution, data analysis, interpretation and/or presentation of a research project
- 6.2.3 Identify gaps in personal knowledge and skill, and develop strategies to correct them by self-directed reading, discussion with colleagues, and ongoing procedural experience
- 6.2.4 Understand the basic principles of basic and applied clinical research, especially epidemiology and biostatistics
- 6.2.5 be able to critically appraise and summarize the literature on a given subject, and judge whether a research project or publication is sound, ethical, unbiased and clinically valuable
- 6.2.6 use medical research appropriately in clinical care by appropriately adapting research findings to the individual patient situation

## 7. PROFESSIONAL DEFINITION

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

### 7.1 *General Objectives*

The resident must:

- deliver the highest quality of medical care with integrity, honesty, compassion, and respect
- Exhibit appropriate personal and interpersonal professional behaviors
- practice medicine in a way that is consistent with the ethical obligations of a physician

### 7.2 *Specific Objectives*

In order to achieve these general objectives in the role of a professional, the resident must:

- 7.2.1 foster a caring, compassionate and respectful attitude towards patients, families, and other members of the health care team
- 7.2.2 provide medical care that is ethical, and seek advice or second opinion appropriately in ethically difficult situations
- 7.2.3 monitor patients appropriately and provide appropriate follow up medical care, particularly after starting a new treatment or following a surgical procedure
- 7.2.4 maintain patient confidentiality at all times
- 7.2.5 Complete reports, letters and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible.
- 7.2.6 understand medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute

- 7.2.7 be able to deal with professional intimidation and harassment
- 7.2.8 show self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, and at meetings and other activities, and be a moral and ethical role model for others
- 7.2.9 be able to appropriately delegate clinical and administrative responsibilities
- 7.2.8 have the ability to balance professional and personal life

## **PART B: GREY NUNS HOSPITAL REGIONAL VASCULAR CENTER** **SITE SPECIFIC REQUIREMENTS AND INFORMATION**

### *GUIDELINES FOR RESIDENT ROTATION/ELECTIVE IN VASCULAR SURGERY*

#### **GREY NUNS HOSPITAL**

Dr. Harold Chyczij; Gen. Surg. Edmonton, Vascular Ottawa  
Dr. Robert Turnbull; Gen. Surg. Edmonton, Vascular Vancouver  
Dr. Gerrit Winkelaar; Gen. Surg. Edmonton, Vascular Vancouver  
Dr. Karim Alibhai; Gen Surg Edmonton, Vascular Hamilton  
Dr. Jason Bayne; Gen. Surg. Edmonton, Vascular Montreal  
Dr. Heather Cox; Gen. Surg. Edmonton, Vascular Toronto

#### **Introduction** - Welcome to the Grey Nuns Hospital

The rotation in vascular surgery at the Grey Nuns Hospital is offered to all surgical residents at the University of Alberta and to visiting surgical residents as an exposure to this specialty. It is a very flexible rotation in that it can be tailored to a very junior, or a very senior resident. It can also be adapted in terms of duration as dedicated resident coverage for this service is not absolutely required on a full-time basis.

During this rotation, you will work very hard – you should not expect a quiet or light rotation. Most of the time, you will be the only house staff for this service (although frequently, there are medical students). As such, this is YOUR service and its smooth functioning will be your responsibility. While this may seem overwhelming at times, it should be viewed as your chance to show your abilities and impress upon the staff your ability to manage a busy sub-specialty service. A good resident will benefit from the opportunity to work independently both in and out of the operating room. At the same time patient care is primary so do not hesitate to call the staff for advice or help.

You will work in partnership with our **Clinical Associate, Dr. Robert Tomkiewicz** who has a tremendous amount of experience with this ward. Dr. Tomkiewicz received his medical training from Poland and did two years training in Obs/Gyn and then he went to St. Louis to train first in Family Practice and then in Internal Medicine.

#### **Ward**

780-735-7042 -Station 41  
780-735-9750 - IMCU  
780-735-7026 - ICU

## **MEDICAL EXPERT / CLINICAL DECISION-MAKER**

*Station 41 is the main vascular surgery ward however it is shared with general surgery (high intensity cases) and often with internal medicine. Rounds should be done prior to our 8:00 am surgery start and if possible discharges decided upon and arranged. 50% of our patients are from outside of the region and others are transferred to step down units, so transfer orders should be written in the am.*

On weekends, ward rounds should be started also by 08:00 at the latest. The nurses always have many questions and concerns which need to be addressed and can't be left until later in the day. The staff person on call comes in sometime during the morning – check with each to find out when they want to meet with you.

## **HEALTH ADVOCATE**

It is amazing to see how much of an impact you will have on the patients in reference to health advocacy. Since the main focus of medical management in these patients is risk reduction especially quitting smoking we encourage you to help the patients. They are definitely impacted by this, as they are quick to tell us.

## **COLLABORATOR**

### **Station 41 Nurse Manager: Neil Young**

Overall, the staff are happy with the judgment and abilities of the ward nurses. You would be well advised to work with these health professionals with regard to patient care. In the event of disagreement with nursing staff, a professional attitude and deference to the attending staff for a final decision is always the best approach. Your ability to cooperate with nursing staff will figure prominently in your evaluation. There is a great deal of work to be done on the ward, and as many of us have found out, the nursing staff can be either valuable allies or formidable adversaries.

You must work collaboratively with Dr. Tomkeiwicz and your fellow colleagues and share in all aspects of care including arranging transfers, completing charts including discharge summaries and especially transfer orders including separate orders to and from IMCU

As mentioned above many of these patients get transferred elsewhere and it is recommended that you call and talk to the receiving physician. For long distance calls pertaining to patient transfers there is a bypass code that you can obtain from the ward clerk.

## **MANAGER**

You should visit (at least phone) the ward between cases. There are always lab results to check, transfer orders to write, or charts to review. As the only resident taking care of them, you will be expected to know the patients very well. There can be anywhere from 12-29 patients on the service at a time. Your goal should be to keep the staff from having to write any orders or progress notes in the charts.

The Vascular service usually has a full complement of in-house extenders or house officers to cover the IMCU and ward after 17:00h. Patients occasionally require in-person care after hours – although this is infrequent, you will be expected to be available when you are on call. Emergencies will also require you to return to the hospital.

At 17:00h each weekday the Residents, Dr. Tomkiewicz and the Extender for the night should meet to sign over all the vascular patients. The extender should be advised who to call for patient advice and care which means either the resident on call, the patient's attending staff (week days) or the staff on call.

## **COMMUNICATOR**

There are Vascular Surgery rounds on Friday mornings. The vascular resident may be asked to present these rounds (at least one session should be Morbidity and Mortality rounds). There will be a list of topics arranged.

## **OFFICE: 205 TAWA CENTER, 3017-66 STREET**

780-735-6495 (direct line)

780-735-5442 (fax)

## **MEDICAL EXPERT / CLINICAL DECISION-MAKER**

A very significant component of vascular surgery is to be learned in the office. As there are no 'vascular internists', vascular surgeons must do their own work up a non-surgical management. While in the operating room you learn *how* to operate, in the office you learn *when* to operate. Appropriate attire is encouraged (i.e. not scrubs) and ties are not mandatory.

### **Clinic/Office times:**

Dr. Harold Chyczij;	Office (Tawa) Tuesdays 10-5, Thursday 1-5 OPD Clinic GNH Mondays 10-12
Dr. Jason Bayne	Office (Tawa) Mondays 10-5, Wednesday 1-5 OPD Clinic GNH ?
Dr Rob Turnbull	Office (Tawa) Mondays 10-5, Wednesday 1-5 OPD Clinic GNH Thursday 10-12
Dr Gerrit B. Winkelaar	Office (Tawa) Mondays 10-5, Wednesday 10-1
Dr. Karim Alibhai	Office (Tawa) Tuesday 10-5, Thursday 10-12
Dr. Heather Cox	Office (Tawa) Tuesday 10-5, Thursday 10-12

## **OPERATING ROOM: 2<sup>ND</sup> FLOOR AND 1<sup>ST</sup> FLOOR**

780-735-7020

780-735-7008 (booking office)

780-735-7007 (theatre 7)

Regular OR Days                      Monday-Friday 2 OR's per day, occasionally 3 every 4<sup>th</sup> Thursday

## **PROFESSIONAL**

Most vascular cases are carried out in theatres 6 and 7 although dialysis access is often in day surgery on the 1<sup>st</sup> floor.

**You should be in the surgical suite early enough to introduce yourself to the patient in the receiving area, examine them, and review their history.**

**It is considered proper surgical etiquette for the resident to put up the angiogram/CT films, shave the operative area, and assist the nurses with prepping and draping.**

## **MEDICAL EXPERT / CLINICAL DECISION-MAKER**

You will be expected to know the pertinent anatomy of each operation as well as the indications and technical principles of the procedure. Expect to be quizzed in the OR. The surgical slate for each day is available the day before; therefore, you should be able to read up on procedures the night before. As the rotation progresses, controversies and recent research will also be discussed.

**MANAGER**

The ward will continue to have questions/problems throughout the OR day. Plan to visit (or at least call) the ward between cases. You will be pressed for time during OR days so you will need to be efficient.

**Emergency Room**

780-735-7180

**MEDICAL EXPERT / CLINICAL DECISION-MAKER**

There are not many cases that arrive through the emergency room – especially unannounced. Most calls will be directed to the staff men who may, in turn, redirect them to you. You will be required to independently assess patients in the ER and report your findings to the staff men (prefer to be reached by pager). Be prepared to present a differential diagnosis and plan for further investigation and management. Skills in the use of a handheld Doppler will be required in this setting but are best learned at the office.

**MANAGER**

It is best not just write requisitions and leave them expecting them to be done in a timely manner. Since many vascular emergencies are time sensitive please ensure that any blood work is drawn and since Xray is close arrange those test personally especially in the case of CT scans and angiograms.

**Radiology**

780-735-7142

780-735-7234 (CT)

780-735-7456 (angio suite)

780-735-7307 (angio reporting desk)

**COLLABORATOR**

We work very closely with our radiology colleagues and they are to be regarded with respect. They can teach a great deal and are usually willing to do so. In ordering emergency studies, occasionally they may be reluctant – especially if the indications for the procedure are not adequately communicated to them. Defer any resistance encountered to the vascular staff men.

**ON CALL****MANAGER**

Call will be home call and please arrange your call schedule as per PARA rules. It has worked better in the past to do a weekend in its entirety.

Call days commonly involve no after-hours work. Other call days can be busy operating well into the evening. Although PARA will dictate how much call can be taken, a great deal of experience is to be missed by not being available. The staff is sensitive to how much after-hours work you do and will not push you to work exhausted. If needed, you will be excused from minor cases, and they will help out with ward and ER work.

**COLLABORATOR**

A schedule should be drawn up in advance and posted on the ward with a copy to the staff. Since many of your Surgery colleagues are extenders it would be best to make your schedule in conjunction with the extender call, for example, take nights off when another 4<sup>th</sup> year surgical resident is doing in-house extender call.

## **Holiday**

You may take one week of holiday in each two-month block. As well, additional time may be taken to attend meetings. Give the staff, ward, switchboard, and other residents as much notice as possible.

## **Evaluation**

Halfway through the rotation, your performance will be evaluated to address strengths, weaknesses, and areas for improvement. Your impressions on the rotation in terms of strengths, weaknesses, and areas for improvement will be entertained as well. A committee of the three surgeons will do the evaluation and Dr. Chyczij will communicate problems to you

## **MEDICAL EXPERT / CLINICAL DECISION-MAKER**

*PLEASE REVIEW THE GENERAL GUIDELINES FOR A STUDY GUIDE AS TO WHAT KNOWLEDGE WE EXPECT OF YOU. DON'T HESITATE TO QUESTION US ON ANY OF THE PRINCIPLES YOU NEED CLARIFICATION ON.*

## **SCHOLAR**

*WE FULLY SUPPORT YOU TAKING SOME TIME OFF TO COMPLETE RESEARCH PROJECTS OR WORK ON GRAND ROUNDS AS LONG AS PATIENT CARE IS NOT COMPROMISED.*

- This will give you the opportunity to allow the general surgery residents a chance to get some surgical experience with vascular cases. Just inform Dr. Chyczij about your plans