

# **Goals and Objectives of Training and Specialty Requirements Laparoscopy Rotation January 2015**

This rotation is for more senior residents to advance their skills in Laparoscopic Surgery. This is an eight week rotation.

The resident is expected to meet the patient in advance of the surgery and discuss the upcoming case. Prior to the surgery the resident should familiarize themselves with the patient's clinical issues and review the pre-op history on the hospital chart. With this information in mind the resident should develop a tentative approach to the upcoming surgery. This will be discussed with the surgeon prior to induction of anesthesia.

The CanMeds Goals and Objectives are as follows:

## **MEDICAL EXPERT:**

### **Surgical:**

By the end of the rotation the resident:

- 1) will have increased their laparoscopic skills . This includes the use of the video camera head and the laparoscopic and vaginal surgical instruments.
- 2) should demonstrate increasing facility with working in a 2-D environment. This includes but is not limited to the use of vessel sealers, monopolar and scissor cutting and tissue dissection.
- 3) should be able to master laparoscopic abdominal entry in both simple and complex situations.
- 4) will be able to consistently dissect out the ureter and at hysterectomy, the uterine arteries and veins . In addition they will be able to develop the bladder inferiorly.

Specifically, the resident will be able to perform the following independently:

- Laparoscopic entry in both simply and complex situations
- Total laparoscopic hysterectomy
- Laparoscopic oophorectomy
- Laparoscopic salpingo- oophorectomy
- Laparoscopic lysis of adhesions

-Laparoscopic ablation or resection of endometriosis (stages 1 or 2)

The resident, by the completion of the rotation, will be able to perform, although not necessarily independently:

-Operative laparoscopy (e.g. LAVH, resection of endometriosis stages 3 or 4)

The resident will have knowledge of:

-Laparoscopic assisted supracervical hysterectomy

-Radical resection of invasive endometriosis

**Cognitive:**

Upon completion of the rotation the resident will know and be able to discuss and articulate:

- 1) selection of patients for laparoscopic procedures
- 2) abdominal and pelvic anatomy issues unique to the laparoscopic approach
- 3) port placement, size and type issues
- 4) specimen removal
- 5) complications associated with laparoscopic surgery and the attendant identification and management

**COMMUNICATOR:**

In addition to the more generic competencies in this domain the resident at the end of the rotation should:

- 1) be facile in discussing relevant issues with the anesthesiologist, nursing staff and other medical learners in the OR.
- 2) have developed facility in the intra-operative communication unique to laparoscopy with the staff mentor and Fellow. This would include providing directions re camera and instruments.
- 3) consistently during the case articulate to the surgical team where they are heading ( i.e “ my next step will be to develop the bladder inferiorly“ ), the difficulties anticipated ( i.e. “ and I anticipate that the bladder dissection will be difficult as this patient has had 10 C/S’s”) and finally their plan of care ( i.e. “ I plan to use a 30 degree camera lens, place a stylet in the Foley catheter and progress my dissection from lateral to medial “ ) .
- 4) be able to communicate with the mentor and Fellow with regard to all issues pertaining to scheduling and administration
- 5) have developed good communication skills with patients and their families

### **COLLABORATOR:**

In addition to the more generic competencies in this domain the resident at the end of the rotation should:

- 1) demonstrate collaboration skills with the other medical learners, the nursing staff and the anesthesiologists.

### **MANAGER:**

In addition to the more generic competencies in this domain the resident at the end of the rotation should:

- 1) demonstrate time efficiencies in the OR
- 2) consistently use effective scheduling methodologies

### **HEALTH ADVOCATE:**

In addition to the more generic competencies in this domain the resident at the end of the rotation should:

- 1) understand the advocacy issues pertaining to minimal access surgery and the attendant challenges and barriers

### **SCHOLAR:**

In addition to the more generic competencies in this domain the resident at the end of the rotation should:

- 1) have amassed an increasing knowledge-base regarding laparoscopic procedures in gynecology
- 2) consistently engage in OR teaching with more junior trainees
- 3) engage in out-of-OR teaching with more junior learners

### **PROFESSIONAL:**

In addition to the more generic competencies in this domain the resident at the end of the rotation should:

- 1) demonstrate a positive demeanor and professionalism with nursing staff, fellow learners and anesthesiologists.