

Principles of Resident and Fellow Interactions

(December 2015)

OVERALL APPROACH

We support excellent patient care in the setting of a collegial, team-based and flexible approach between the residents and fellows that supports all trainees' learning needs.

BACKGROUND: The University of Toronto provides both general surgery training and tertiary and quaternary general surgery services. The needs of General Surgery Residency Training and Fellowship training must both be met in a mutually respectful manner. There are sufficient clinical resources at the University of Toronto to meet both training mandates.

The tertiary/quaternary patient populations provide clinical fellows opportunities to train in complex surgical care at a post-residency level. The clinical fellow positions that have evolved have arisen from these national and international educational needs.

A) TEAM BASED APPROACH

Pre-operative and Post-operative Care

Consistent with the Royal College of Physicians and Surgeons of Canada it is the department's policy that, under the supervision of the attending staff, the senior or chief resident has primary responsibility for patient care and is responsible for daily rounds on the patients and patient care. The fellow is expected to round on the patients daily (*with or without the team after discussion with the attending staff*), and to be aware of patient status and their operative results and act as a resource for the team. **Discussions with the staff on the service are highly encouraged prior to the start of the rotation so both staff and learner expectations regarding patient care are delineated including which clinics and ORs to attend.**

It is understood that residents and fellows may interchange roles and responsibilities in order that each is able to participate in the academic program of the University as per the Standards of Accreditation and in extenuating circumstances such as unforeseen health issues, vacations etc. Typically fellows will round with the junior residents on Thursday mornings when the senior residents are at their academic sessions.

In addition, fellows will round on weekends alternating with the senior residents. Fellows and residents are entitled to two full weekends off per month (*at a minimum*) with no clinical duties.

Clinical fellows should recognize and exercise their important educational responsibilities with respect to residents and medical students, through fostering educational experiences and availing themselves for discussion of the more complex aspects of patient care and decision-making, teaching in the operating room and emergency department. In this way, we expect clinical fellows to enhance residents' and students' educational experiences beyond that provided solely by attending staff surgeons and residents.

B) INTRA-OPERATIVE CARE

The attending staff is responsible for assigning appropriate components of the case to the appropriate learners. This approach should be discussed by the staff with the residents and fellows at the beginning of the resident's or fellow's rotation (*with examples*). Prior to each case, the specific parts of the operation should be reviewed with the operating team, and "assigned" by the responsible staff surgeon, so that the appropriate expectations are understood and met. Some cases may only be appropriate for the resident to complete (*i.e. no fellow component*). In addition, depending on the nature of the case there may be opportunities for the fellow to lead the junior or senior resident through some or all of an operation.

CALL

As an overall approach, the call schedule should ensure that the Residents and Fellows are able to maximize the educational benefit from their rotations.

Fellows should have an expectation of participating in a call schedule. Call requirements will vary based on the different fellow subspecialty. Some subspecialties will have quite demanding call schedules (*i.e. trauma, transplant surgery*); and these call activities serve an important educational component for the fellow. Other subspecialties (*breast oncology, general surgery oncology etc*) focus on elective operations and activities. General Surgery call remains valuable for these surgeons as they will certainly be required to remain competent in the management of acute surgical emergencies. As such, these fellows should participate in the general surgery call schedule in the senior resident/junior attending role (*with supervision from faculty*). These call commitments should not impinge on their ability to participate in the elective and educational program of their fellowships.

ROUNDING ON WEEKENDS

Fellows will divide rounding on weekends with the senior residents. The fellows are entitled to two full weekends off per month (*at a minimum*) with no clinical duties.