UPDATE: July 2009

RETOINTER: THORACIC SURGERY

RETOINER DIRECTOR: Mary Maish, M.D.

CHIEF OF THORACIC SURGERY: Robert Cameron, M.D.

SITES: UCLA Medical Center - Westwood

GOALS: To provide trainees an opportunity to participate in the perioperative and operative aspects of thoracic surgery.

LEVEL OF TRAINEE: R1

ASSESSMENT:

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Global Rating: end of rotation evaluation of resident performance to assess the resident’s demonstration of Core Competencies with respect to the stated objectives by faculty, other team resident members, students, and nursing staff.
2. Case Logs: auditing of operative cases pertinent to the specialty in the Surgical Operative Log.
3. Written Examination: performance on the annual ABSITE examination, Cardiovascular and Respiratory systems section.
4. Patient Survey: performance will be assessed by patient surveys administered though the rotation.

DESCRIPTION OF THE ROTATION:

The Thoracic Surgery rotation of 1 month in R1, or 2 months in R4 years.

1. All rotating will be part of the Thoracic Surgery team and responsible for the care of the Thoracic Surgery patients.
2. The surgery residents will provide in-patient care including routine admissions and critical care of patients.
3. Residents will further participate in surgical operations needed on these patients under direct supervision by the surgical faculty.
4. The rotating residents will participate in all Department of Surgery educational conferences and didactic presentations.
6. Residents are expected to actively participate and present at the weekly Thoracic Surgery Conference.

R1 RESIDENT

COMPETENCY BASED LEARNING OBJECTIVES

Patient Care:

1. Perform a complete and thorough history and physical examination, with emphasis in elements unique to thoracic surgery patients.
2. Initiate the laboratory evaluation and any other initial diagnostic studies with an understanding of the tests to be ordered.
3. Make informed decisions about diagnostic and therapeutic interventions on thoracic surgery patients with the guidance of senior residents and faculty.
4. Be proficient in the preoperative preparation of the patients for thoracic surgery and routine postoperative care.
5. Understand basic pathophysiology of thoracic disease and begin to master the skills necessary to care for the ICU patient under the guidance of the senior residents and faculty members.
6. Understand basic pathophysiology of thoracic disease, principles of resuscitation, preoperative and postoperative care of cardiac surgery patients under the guidance of the senior residents and attendings.
7. Understand the basic indications for common radiological and interventional studies used in the care of thoracic surgery patients such as plain chest, and CT scans.
8. Demonstrate the ability to effectively set priorities and coordinate the care of thoracic patients.

Medical Knowledge:

Unit #1 Thoracic Anatomy, Clinical Evaluation

A. Patient Care
   1. Demonstrate the components of a complete history related to specific thoracic diseases
   2. Demonstrate the components of a complete exam related to specific thoracic diseases
   3. Be able to differentiate between signs and symptoms of benign versus malignant diseases

B. Medical Knowledge
   1. Describe development of the lungs, mediastinum and esophagus
   2. Describe the anatomy, including relationships to other structures, arterial supply, venous and lymphatic drainage, of the lungs, the mediastinum and the esophagus
   3. Become familiar with the structures and the orientation of structures in the hilum
UCLA General Surgery Residency Program  
Rotation Educational Policy  
Goals and Objectives

4. Become familiar with the anatomy of the hiatus  
3. Describe the most common developmental abnormalities in the lungs, mediastinum and esophagus

C. Interpersonal and Communication Skills  
1. Apply effective listening skills and elicit an accurate patient history relating to specific thoracic diseases using verbal and nonverbal skills

D. Professionalism  
1. Develop a greater comfort level with the thoracic exam  
2. Be able to put the patient at ease during the thoracic exam  
3. Be able to communicate a simple understanding of the disease process to the patient

Unit # 2 Diagnostics: Imaging, Biopsy Techniques

A. Patient Care  
1. Orient a CXR, PET and CT scan of the chest for viewing  
2. Identify radiographic abnormalities such as lung nodules and calcifications, lymph nodes, and esophageal thickening and dilation.  
3. Direct the evaluation of a worrisome radiographic finding  
4. Describe the indications for the following biopsy techniques:
   a. Transthoracic biopsy  
   b. Mediastinoscopy  
   c. Chamberlain procedure  
   d. VATS  
   e. EGD  
5. Determine the need for PFTs, VQ scan and pulmonary stress testing

B. Medical Knowledge  
1. Describe the limitations of CT, PET, EGD, EUS  
2. Be able to interpret PFTs, VQ scan and pulmonary stress testing.  
3. Describe the indications for the following:
   a. Bronchoscopy  
   b. EUS  
   c. Esophageal manometry and pH testing  
4. Develop algorithms for evaluation of the following:
   a. Solitary pulmonary nodule  
   b. Mediastinal mass  
   c. Chest wall lesion  
   d. Esophageal mass  
   e. Dysphagia

C. Interpersonal and Communication Skills  
1. Work effectively with the staff in the division of thoracic surgery
D. Systems-based Practice
   1. Be cognizant of the costs associated with advanced radiographic and surgical
techniques and strive for the most cost-effective evaluation possible

Practice Based Learning:

1. Develop a personal program of self-study and professional growth with guidance
   from the teaching staff and senior residents. An understanding of the etiology,
   pathogenesis, pathophysiology, diagnosis and management of thoracic surgery
disorders will allow for sound surgical judgment, which relies on knowledge, rational
   thinking and the surgical literature.
2. Utilize current literature resources to obtain up-to-date information in the thoracic
   patients and practice evidence-based medicine.
3. Participate in the teaching and organization of the educational weekly thoracic surgery
   conference.
4. Participate in activities of the Department of Surgery (including all teaching
   conferences) and assume responsibility for teaching and supervision of subordinate
   surgical house staff, and medical students.
5. Participate in the Department Morbidity & Mortality conference and utilize
   information to further improve patient care.
6. Participate in daily teaching rounds and be able to present patients in an organized
   and complete fashion

Professionalism:

1. Practice compassionate patient care maintaining the highest moral and ethical
   values with a professional attitude.
2. Demonstrate understanding of the needs and feelings of others, including the
   patient's family members, allied health care personnel (nurses, clerical staff, etc.),
   fellow residents, and medical students.
3. Communicate and collaborate effectively in a team of health care providers
4. Demonstrate respect, compassion and integrity in the care of thoracic surgery
   patients on a daily basis
5. Demonstrate mature and educated approach to Ethical issues commonly
   encountered in a thoracic surgery setting.
6. Show sensitivity to patients culture, age, gender and disabilities
7. Recognize and appropriately handle sensitive cases of abuse
8. Be self-aware and have knowledge of professional limits by practicing on-going
   medical education and self-improvement.
9. Be accountable to profession in their actions and decisions

Interpersonal Relationships And Communication:
1. Create and sustain a therapeutic and ethically sound relationship with patients and
   patient families
2. Work effectively with other members of the medical team including allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.
3. Maintain professional interactions with other health care providers and hospital staff

**Systems Based Practice:**

1. Understand how the health care organization affects surgical practice of thoracic surgery
2. Demonstrate cost effective health care
3. Be able to coordinate care including discharge planning, social service, rehabilitation, and long term care
4. Follow established practices, procedures, and policies of the Department of Surgery and integrated and affiliated hospitals.
5. Maintain complete of medical records operative notes staff sheets and notes, patient database cards and other patient care related documentation in a timely, accurate and succinct manner.

**REFERENCES:**

**TYPICAL WEEK:**

Thoracic Surgery Conferences
1. Thoracic Teaching Conference
   Thoracic teaching conference is once a week on Friday. Residents will be expected to participate.
2. M&M Conference
   Thoracic surgery M&M is once a month. Residents rotating through the service will be expected to participate.
3. Thoracic Surgery Grand Rounds
   Thoracic surgery M&M is once a month. Residents rotating through the service will be expected to participate.
4. Thoracic Surgery Journal Club
   Thoracic surgery M&M is once a month. Residents rotating through the service will be expected to participate.
5. Thoracic Surgery Tumor Board
   Thoracic surgery tumor board is once a week on Friday. Residents rotating through the service will be expected to participate.

Thoracic Surgery Clinic

A. Monday all day and Friday mornings.
B. Residents will be expected to attend all clinics.
C. Residents will see patients prior to the faculty and develop a treatment plan for the patient.
Typical week:

Residents will be able to modify the weekly schedule according to personal and attending vacations, meetings and operative schedules. Residents will be excused from clinical duties to attend all departmental resident conferences.

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