July 2011

ROTATION: SURGICAL ONCOLOGY (C Surgery)

ROTATION DIRECTOR: Timothy Donahue, M.D.

CHIEF OF SURGICAL ONCOLOGY: James Economou, M.D., PhD.

SITES: RRUMC

GOALS AND OBJECTIVES:

Gain exposure in the care and management of patients with breast cancer, pancreatic cancer, colon cancer, liver cancer, gastrointestinal cancer, melanoma, and sarcoma.

DESCRIPTION OF THE ROTATION:

The Surgical Oncology (C Surgery) for PGY4 is a 4 week rotation.

1. The surgery residents will provide in-patient care including routine admissions and critical care of the surgical oncology patients under direct supervision by the faculty members.
2. Residents will participate and perform complex surgical operations needed on these patients under direct supervision by the surgical faculty in addition to actively participating in their preoperative and postoperative evaluation.
3. Residents will participate in all Department of Surgery educational conferences and didactic presentations.
4. Residents are expected to actively participate and present at the weekly Multidisciplinary Surgery Conference, twice monthly Sarcoma Conference, and weekly C service conference

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, Gastrointestinal and Body as a whole (clinical management) systems section.
4. Patient Survey: performance will be assessed by patient surveys administered through the rotation.
5. For additional information please refer to the Resident Milestones document on the UCLA Surgical Education website: http://www.surgery.medsch.ucla.edu/resident/Documents/ResidentMilestones.pdf
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<tr>
<th>ACGME Competency</th>
<th>Developmental Milestones Informing ACGME Competencies</th>
<th>Time Frame</th>
<th>Assessment Methods/Tools</th>
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| **Patient Care** | 1. Perform a complete and thorough history and physical examination, with emphasis in elements unique to surgical oncology 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 surgical oncology patients with the guidance of senior residents and faculty.  
4. Be proficient in the preoperative preparation of the patients for surgery and routine postoperative care.  
5. Understand basic pathophysiology of oncologic illness and begin to master the skills necessary to care for the cancer patient under the guidance of the chief residents and faculty members.  
6. Understand the basic indications for common radiological and interventional studies used in the care of oncology patient such as CT scans, MRI, and PET CT.  
7. Demonstrate the ability to effectively set priorities and coordinate the care of the cancer patient. | 4 weeks | Global Rating  
Case Logs  
Written Examinations  
Patient Survey  
Feedback from faculty/attending physicians at rounds and OR |
| **Medical Knowledge** | 1. Apply clinical screening for common malignancies. Recognize typical presentations and clinical manifestations for different types of neoplasms.  
2. Stage specific neoplasms both clinically and pathologically, include the tumor, nodes, and metastasis system (TNM).  
3. Relate tumor staging to prognosis.  
4. Describe differences in presentation, treatment, and outcomes for malignancies  
5. Compare each applicable treatment modality to the prognosis for tumors within the scope of general surgery.  
6. Apply post-treatment screening and surveillance for common malignancies.  
7. Discuss the known facts relative to tumor recurrence after local resection of a primary lesion with regard to survival.  
8. Identify margins of resection and how this relates to local recurrence.  
9. Explain the fundamental principles of radiation oncology and detail its application as a primary therapy for the treatment of selected benign and malignant lesions.  
10. Summarize the indications and appropriate modalities for adjuvant therapy within the scope of general surgery, including chemotherapy, radiation therapy, immunotherapy, and gene therapy.  
11. Explain the rationale and methodology employed in lymphatic mapping and | 4 weeks | Global Rating  
Written Examinations  
Completion of rotation specific SCORE assignments  
Feedback from faculty/attending physicians at rounds and OR |
11. Analyze the medical preparation of patients for cancer surgery to include the correction of metabolic and nutritional deficits.

12. Define and apply the criteria for palliative versus curative treatment plans.

13. Analyze and explain the rationale for combined adjuvant modalities in the prevention and treatment of cancer recurrence.

14. Summarize the incidence, epidemiology, and risk factors associated with common solid malignancies.

15. Distinguish between these common entities in the differential diagnosis of breast masses:
   a. Fibroadenomas
   b. Fibrocystic disease
   c. Cysts
   d. Fat necrosis
   e. Abscesses
   f. Cancer

16. Explain the general indications, uses, and limitations of mammography. Define the importance and impact of screening mammography.

17. Discuss the principles and historic context of the basic options available for the treatment of breast cancer such as:
   a. Modified radical mastectomy
   b. Partial mastectomy
   c. Simple mastectomy
   d. Lumpectomy and axillary dissection

18. Outline the genetic and environmental factors associated with carcinoma of the breast.

19. Describe the following pathological types of breast cancer, including the biology, natural history, and prognosis of each:
   a. Infiltrating ductal carcinoma
   b. Ductal carcinoma in situ (DCIS)
   c. Infiltrating lobular carcinoma
   d. Lobular carcinoma in situ

20. Describe the presentation, natural history, pathology, and treatment of the following benign breast diseases:
   a. Lactational breast abscess
   b. Chronic recurring subareolar abscess
   c. Intraductal papilloma
   d. Atypical epithelial hyperplasia
   e. Fibroadenoma

21. Explain the steps in the clinical decision tree that are involved in the work-up...
### Practice Based Learning

| 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 cancer 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 in information in the care of cancer patients and practice evidence-based medicine.  
3. Participate in teaching and organization of the educational weekly surgery and sarcoma 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 | 4 weeks | Global Rating  
Written Examinations  
Patient Survey  
Feedback from faculty/attending physicians at rounds and OR |

### Professionalism

| Professionalism | 1. Practice compassionate patient care maintaining the highest moral and ethical values with a professional attitude. | 4 weeks | Global Rating  
Patient Survey |
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 cancer patients on a daily basis.
5. Demonstrate mature and educated approach to Ethical issues commonly encountered in a cancer care setting.
6. Discuss the economic and psychosocial issues associated with malignant disease, and analyze how they affect the management of patients with cancer, including:
   a. Ethics of cancer management
   b. Rehabilitation
   c. Home care resources
   d. Patient support groups
   e. Family support groups
   f. Enterostomal therapy
   g. Cost containment
   h. Conservation of in-patient resources
   i. Special problems of the elderly
   j. Tumor registry data
7. Show sensitivity to patients' culture, age, gender and disabilities.
8. Recognize and appropriately handle sensitive cases of abuse.
9. Be self-aware and have knowledge of professional limits by practicing ongoing medical education and self-improvement.
10. Be accountable to profession in their actions and decisions.

### Interpersonal Relationships And Communication

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<td>1.</td>
<td>Create and sustain a therapeutic and ethically sound relationship with patients and patient families.</td>
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<tr>
<td>2.</td>
<td>Work effectively with other members of the medical team including allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.</td>
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<td>3.</td>
<td>Maintain professional interactions with other health care providers and hospital staff.</td>
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4 weeks

Global Rating
Written Examinations
Patient Survey
Feedback from faculty/attending physicians /hospital staff /patients
| Systems Based Practice | 1. Understand how the health care organization affects surgical practice of cancer care  
2. Demonstrate and understand cost containment, and conservation of in-patient resources  
3. Understand the special problems of the elderly cancer patients  
4. Understand the workings and implications of tumor registry  
5. Be able to coordinate multi-specialty and multidisciplinary oncologic care including discharge planning, social service, rehabilitation, and long term care  
6. Follow established practices, procedures, and policies of the Department of Surgery and integrated and affiliated hospitals.  
7. 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. | 4 weeks | Global Rating  
Case Logs  
Hour logs  
Completion of required evaluations  
Completion of medical records  
Written Examinations  
Feedback from faculty/attending physicians at rounds and OR |
REFERENCES:
UCLA, Division of Surgical Oncology / Cancer Surgery Service Reading Syllabus

Breast Cancer


Colon / Rectal Cancer & Liver Metastases

**Gastric Cancer**


**Melanoma**

4. Sabel MS, Sondak VK. *Point: Interferon-α for adjuvant therapy for melanoma patients.*
Pancreatic Cancer


Soft Tissue Sarcoma

Palliative