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| **General Surgery Residency Goals & Objectives** |
| **Surgical Oncology Service at University of Arkansas for Medical Sciences** |
| **Revised January, 2011** |

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| **PGY - 1** | |  | | | | |
| **A. Medical Knowledge** | |  | | | | |
| 1. | The resident should learn in-depth the fundamentals of basic science as they apply to the clinical practice of surgical oncology and, more specifically, to the practice of hepatopancreatobiliary surgery, open gastrointestinal surgery, endocrine surgery and laparoscopic surgery. *Examples include anatomy, physiology, pathophysiology, and presentation of cancers of the abdominal cavity and soft tissue; anatomy, physiology, pathophysiology, and presentation of benign tumors of endocrine glands or endocrine gland hyper or hypo function; elements of adjuvant therapy; epidemiology of malignant diseases, surgical nutrition, and management of fluid and electrolyte balance.* | | | | | |
| 2. | The resident should be able to efficiently utilize and interpret diagnostic laboratory testing. *Examples of appropriate tests include tumor markers, serum chemistries, liver function tests, thyroid function tests, tests of adrenal and parathyroid hyperfunction, arterial blood gas analysis, hematological profiles and coagulation tests.* | | | | | |
| 3. | The resident should be able to efficiently utilize and interpret diagnostic radiological tests. *Examples of the types of studies include computed tomography, radionucleotide scintigraphy, ultrasonography, arteriography and gastrointestinal studies.* | | | | | |
| 4. | The resident should be able to demonstrate preoperative assessment of patients with cancers requiring surgical evaluation. *Examples include assessment of comorbid conditions, assessment of operative risk, timing of pre-operative or post-operative systemic therapy and radiation, and proper preoperative imaging* | | | | | |
| 5. | The resident should be able to demonstrate preoperative assessment of patients with endocrine gland dysfunction requiring surgical evaluation or intervention. *Examples include risk-benefit analysis as it pertains to surgical treatment of benign thyroid nodules, hyperparathyroidism, and functional adrenal tumors.* | | | | | |
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| **B. Patient Care** | | |  | | | |
| 1. | The resident should assume responsibility for all elective admissions to the service, including performing an accurate history and physical examination, writing admission orders, and reviewing appropriate diagnostic tests. The resident should perform advanced history and physical examination in the patient with acute surgical problems, including such conditions as the obstructive jaundice, advanced gastrointestinal malignancy, and abdominal pain in association with gastrointestinal malignancy. | | | | | |
| 2. | Under appropriate supervision, perform basic surgical procedures such as:  *Placement of venous access devices, anoscopy, removal of cutaneous lesions including the excisional biopsy of skin malignancies, incisional and / or tru-cut biopsies of soft tissue tumors, routine wound closure, sentinel node biopsy, needle aspiration of seromas, and basic wound and drain care.* | | | | | |
| 3. | The resident should assume responsibility for care of all patients on the hospital ward, including initial assessment, evaluation of daily progress, discharging patients, including dictating the discharge summary, writing prescriptions, and ensuring appropriate follow-up. | | | | | |
| 4. | The resident must attend and participate in at least two ambulatory surgery clinics held each week for their service. *Activities will include examination and evaluation of new patients, perioperative and postoperative care of established patients, and surgical consultations under the supervision of attending surgeons.* | | | | | |
| 5. | The resident should perform appropriate resuscitation in patients with acute surgical problems. | | | | | |
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| **C. Interpersonal and Communications Skills** | | | | |  | |
| 1. | The resident should communicate effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds. This includes discussions regarding the patient’s disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents and the attending surgeons; | | | | | |
| 2. | The resident should communicate effectively with other team members including attending physicians, senior residents, midlevel providers, nurses and students. The resident must accurately portray critical clinical information in a timely professional manner and work effectively as a member of the surgical oncology service and the department of surgery; | | | | | |
| 3. | The resident should work effectively with physicians from other services, other health professionals such as nurses and therapists, and health related agencies to provide high-quality health care. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents in a timely professional manner; | | | | | |
| 4. | The resident must effectively document the practice activities by maintaining clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries; | | | | | |
| 5. | The resident should counsel and educate patients and their families about the diseases that they or their family member are dealing with and the rationale for the recommended plan of care; | | | | | |
| 6. | The resident will ensure that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day. | | | | | |
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| **D. Practice-Based Learning and Improvement** | | | | | |  |
| 1. | The resident must identify strengths, deficiencies and limits in his / her fund of knowledge and clinical abilities through self-evaluation and set learning and improvement goals based on those deficiencies; | | | | | |
| 2. | The resident must identify and use appropriate learning activities to improve his / her knowledge in areas of knowledge and clinical deficiencies. In addition to individual study, it is expected that the resident will participate in all clinical (e.g., clinics and operating room) and didactic (e.g., conferences) activities specific to this service in order to improve his / her fund of knowledge and clinical abilities as they relate to the fundamentals of endocrine diseases and solid tumors and their medical and surgical management; | | | | | |
| 3. | The resident must incorporate formative evaluation feedback from his / her faculty and senior residents into his / her daily practice; | | | | | |
| 4. | The resident should be able to use information technology to locate high quality evidence from scientific studies related to their patient’s health problems. He / she should be able to analyze the literature for quality and relevance to their patient and be able to assimilate this information into clinical practice; | | | | | |
| 5. | The resident should be able to clearly and accurately educate their patients and families, medical students, residents, and other health professionals about the fundamentals of endocrine and malignant diseases and their medical and surgical management;; | | | | | |
| 6. | The resident must attend all service-specific conferences such as the melanoma conference, GI tumor conference grand rounds & the departmental morbidity & mortality conference; | | | | | |
| 7. | The resident must utilize an evidence-based approach to patient care; | | | | | |
| 8. | The resident is expected to have an understanding of the anatomy, physiology, and pathophysiology for each case in which they participate, and will keep track of their operative cases, with the goal of exposure to a diverse and thorough spectrum of oncologic and endocrine diseases during the rotation. | | | | | |
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| **E. Systems-Based Practice** | | | |  | | |
| 1. | The resident should be able to work effectively to provide high quality and seamless patient care throughout the health care delivery system including the outpatient clinic, emergency department, inpatient ward, operating room, post-anesthesia care unit, and intensive care unit; | | | | | |
| 2. | The resident should be able to coordinate high quality patient care throughout the health care delivery system by working effectively with consultants, other health care providers such as respiratory therapists, physical therapists, and nurse, discharge planning nurses, and social workers; | | | | | |
| 3. | The resident should incorporate considerations of cost awareness, risk benefit analysis, and evidence-based medicine into their clinical practice | | | | | |
| 4. | The resident should be an advocate for high quality patient care and work to identify ways to optimize care delivery systems; | | | | | |
| 5. | The resident should work effectively with risk managers, quality improvement professionals, and utilization review nurses to enhance patient safety, practice high quality and cost effective patient care; | | | | | |
| 6. | The resident should be familiar with the principles of quality improvement processes including root cause analysis and should participate in identifying system errors and implementing potential systems solutions where possible; | | | | | |
| 7. | The resident should work effectively with discharge planning, utilization review nurses, social workers, and home health care agencies to seamlessly and efficiently move the patient from an in hospital setting to a rehabilitation hospital, skilled nursing facility, or home with or without a home health care agency. | | | | | |
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| **F. Professionalism** | | | |  | | |
| **1.** | The resident must be honest at all times; | | | | | |
| **2.** | The resident should place the needs of the patient above all the needs or desires of him/herself. | | | | | |
| **3.** | The resident should maintain high ethical behavior in all professional activities. | | | | | |
| **4.** | The resident should remain compliant with all required training designated by the institution. | | | | | |
| **5.** | The resident must demonstrate a commitment to the continuity of patient care through carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead. | | | | | |
| **6.** | The resident must understand the institutional policy on duty hours and remain compliant with all duty hour regulations. | | | | | |
| **7.** | The resident should be properly and professionally attired at all times while engaged in patient care. | | | | | |
| **8.** | The resident should be properly and professionally groomed at all times when engaged in patient care. | | | | | |
| **9.** | The resident should demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team. | | | | | |
| **10.** | The resident should at all time treat patients, families, and all members of the health care team with respect, compassion, and integrity. | | | | | |
| **11.** | The resident should reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she will be unable to be present. | | | | | |
| **12.** | The resident must attend the mandatory conferences. | | | | | |
| **13.** | The resident should serve as a role model and guide for the medical students on the service in terms of professionalism. | | | | | |

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| **PGY 2** | | | | |  | | | | | | |
| In general the goals and objectives for the PGY2 resident on the surgical oncology service include the list of goals and objectives listed above for the PGY1 residents as a foundation with the addition of the following | | | | | | | | | |  | |
| **A. Medical Knowledge** | | | | |  | | | | | | |
| 1. | The resident should learn in-depth the fundamentals of basic science as they apply to the clinical practice of general surgery and, more specifically, to the practice surgical oncology, open gastrointestinal surgery, and laparoscopic surgery. *Examples include anatomy, physiology, pathophysiology, and presentation of cancers of the abdominal cavity, skin, and soft tissue; fundamentals of chemotherapy and radiation therapy; epidemiology of malignant diseases, surgical nutrition, and management of fluid and electrolyte balance. In addition, residents should understand the physiological effects of pneumoperitoneum created for laparoscopic surgery*. | | | | | | | | | | |
| 2. | The resident should learn in-depth fundamentals of basic science as they apply to the clinical practice of endocrine surgery. *Examples include normal and pathological endocrine function, surgical anatomy and surgical pathology of the thyroid, parathyroid, adrenal, pancreas, and pituitary glands; evaluation and management of the surgical causes of hypertension.* | | | | | | | | | | |
| 3. | The resident should learn in-depth fundamentals of basic science as they apply to the clinical practice of pancreatic, gastric, hepatic, and colorectal surgery. *Examples include in depth knowledge of anatomy, risk factors for cancer, tumor markers, patterns of metastatic spread, and treatment with systemic therapy and radiation.* | | | | | | | | | | |
| 4. | The resident should be able to efficiently utilize and interpret diagnostic laboratory testing. *Examples of appropriate tests include tumor markers, serum chemistries, liver function tests, arterial blood gas analysis, hematological profiles and coagulation tests.* | | | | | | | | | | |
| 5. | The resident should be able to efficiently utilize and interpret diagnostic radiological tests. *Examples of the types of studies include computed tomography, radionucleotide scintigraphy, MRI, ultrasonography, arteriography and gastrointestinal studies.* | | | | | | | | | | |
| 6. | The resident should be able to correctly use invasive monitoring and non-surgical invasive procedures to diagnose and treat surgical complication. *Examples include interpretation of data from arterial lines, central lines, pulmonary artery catheters and radiology-directed percutaneous aspirations of fluid collection, abscess cavities and solid lesions. In addition, residents should understand the use and limitations of percutaneous drainage of fluid collections/abscesses.* | | | | | | | | | | |
| 7. | The resident should be able to recognize diagnose and understand principles of treatment of common surgical problems in patients with surgical emergencies and postoperative complications. *Examples include electrolyte imbalance, failure of hemostasis, renal failure, pulmonary insufficiency, cardiac abnormalities, shock, limb ischemia, pancreatic anastomotic leaks and gastrointestinal hemorrhage.* | | | | | | | | | | |
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| **B. Patient Care** | | | |  | | | | | | | |
| 1. | The resident should assume responsibility for elective admissions to the service, including performing an accurate history and physical examination, writing admission orders, and reviewing appropriate diagnostic tests. | | | | | | | | | | |
| 2. | Under appropriate supervision, perform basic surgical procedures such as:  *placement of venous access devices, flexible and rigid proctosopy, anoscopy, excision of cutaneous and soft tissue tumors, including wide local excision of melanomas, sentinel node biopsy, gastrostomy, common anorectal procedures,* r*outine wound closure and wound care, uncomplicated abdominal surgery, such as lysis of adhesions and colostomy.* | | | | | | | | | | |
| 3. | It is expected that the resident will scrub and assist on all complex cancer operations and endocrine surgical procedures, even if they are not the primary resident surgeon for the case; | | | | | | | | | | |
| 4. | The resident should assume responsibility for discharging patients, including dictating the discharge summary, writing prescriptions, and ensuring appropriate follow-up. | | | | | | | | | | |
| 5. | The resident must attend and participate in at least two ambulatory surgery clinics held each week for their service. *Activities will include examination and evaluation of new patients, perioperative and postoperative care of established patients, and surgical consultations under the supervision of attending surgeons.* | | | | | | | | | | |
| 6. | The resident should perform the initial assessment and formulate a plan on every new consultation to the service, including patients in the hospital and those presenting to the emergency department. | | | | | | | | | | |
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| **C. Interpersonal and Communications Skills** | | | | | |  | | | | | |
| 1. | The resident should communicate effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds. This includes discussions regarding the patient’s disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents and the attending surgeons; | | | | | | | | | | |
| 2. | The resident should communicate effectively with other team members including attending physicians, senior residents, midlevel providers, nurses and students. The resident must accurately portray critical clinical information in a timely professional manner and work effectively as a member of the surgical oncology service and the department of surgery; | | | | | | | | | | |
| 3. | The resident should work effectively with physicians from other services, other health professionals such as nurses and therapists, and health related agencies to provide high-quality health care. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents in a timely professional manner; | | | | | | | | | | |
| 4. | The resident must effectively document the practice activities by maintaining clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries; | | | | | | | | | | |
| 5. | The resident should counsel and educate patients and their families about the diseases that they or their family member are dealing with and the rationale for the recommended plan of care; | | | | | | | | | | |
| 6. | The resident will ensure that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day. | | | | | | | | | | |
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| **D. Practice-Based Learning and Improvement** | | | | | | |  | | | | |
| 1. | The resident must identify strengths, deficiencies and limits in his / her fund of knowledge and clinical abilities through self-evaluation and set learning and improvement goals based on those deficiencies; | | | | | | | | | | |
| 2. | The resident must identify and use appropriate learning activities to improve his / her knowledge in areas of knowledge and clinical deficiencies. In addition to individual study, it is expected that the resident will participate in all clinical (e.g., clinics and operating room) and didactic (e.g., conferences) activities specific to this service in order to improve his / her fund of knowledge and clinical abilities as they relate to the fundamentals of endocrine diseases and solid tumors and their medical and surgical management; | | | | | | | | | | |
| 3. | The resident must incorporate formative evaluation feedback from his / her faculty and senior residents into his / her daily practice; | | | | | | | | | | |
| 4. | The resident should be able to use information technology to locate high quality evidence from scientific studies related to their patient’s health problems. He / she should be able to analyze the literature for quality and relevance to their patient and be able to assimilate this information into clinical practice; | | | | | | | | | | |
| 5. | The resident should be able to clearly and accurately educate their patients and families, medical students, residents, and other health professionals about the fundamentals of endocrine and malignant diseases and their medical and surgical management;; | | | | | | | | | | |
| 6. | The resident must attend all service-specific conferences such as the melanoma conference, GI tumor conference grand rounds & the departmental morbidity & mortality conference; | | | | | | | | | | |
| 7. | The resident must utilize an evidence-based approach to patient care; | | | | | | | | | | |
| 8. | The resident is expected to have an understanding of the anatomy, physiology, and pathophysiology for each case in which they participate, and will keep track of their operative cases, with the goal of exposure to a diverse and thorough spectrum of oncologic and endocrine diseases during the rotation. | | | | | | | | | | |
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| **E. Systems-Based Practice** | | | | | | | |  | | | |
| 1. | | The resident should be able to work effectively to provide high quality and seamless patient care throughout the health care delivery system including the outpatient clinic, emergency department, inpatient ward, operating room, post-anesthesia care unit, and intensive care unit; | | | | | | | | | |
| 2. | | The resident should be able to coordinate high quality patient care throughout the health care delivery system by working effectively with consultants, other health care providers such as respiratory therapists, physical therapists, and nurse, discharge planning nurses, and social workers; | | | | | | | | | |
| 3. | | The resident should incorporate considerations of cost awareness, risk benefit analysis, and evidence-based medicine into their clinical practice | | | | | | | | | |
| 4. | | The resident should be an advocate for high quality patient care and work to identify ways to optimize care delivery systems; | | | | | | | | | |
| 5. | | The resident should work effectively with risk managers, quality improvement professionals, and utilization review nurses to enhance patient safety, practice high quality and cost effective patient care; | | | | | | | | | |
| 6. | | The resident should be familiar with the principles of quality improvement processes including root cause analysis and should participate in identifying system errors and implementing potential systems solutions where possible; | | | | | | | | | |
| 7. | | The resident should work effectively with discharge planning, utilization review nurses, social workers, and home health care agencies to seamlessly and efficiently move the patient from an in hospital setting to a rehabilitation hospital, skilled nursing facility, or home with or without a home health care agency. | | | | | | | | | |
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| **F. Professionalism** | | | | | | | | |  | | |
| 1. | | | The resident must be honest at all times; | | | | | | | | |
| 2. | | | The resident should place the needs of the patient above all the needs or desires of him/herself. | | | | | | | |
| 3. | | | The resident should maintain high ethical behavior in all professional activities. | | | | | | | | |
| 4. | | | The resident should remain compliant with all required training designated by the institution. | | | | | | | | |
| 5. | | | The resident must demonstrate a commitment to the continuity of patient care through carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead. | | | | | | | | |
| 6. | | | The resident must understand the institutional policy on duty hours and remain compliant with all duty hour regulations. | | | | | | | | |
| 7. | | | The resident should be properly and professionally attired at all times while engaged in patient care. | | | | | | | | |
| 8. | | | The resident should be properly and professionally groomed at all times when engaged in patient care. | | | | | | | | |
| 9. | | | The resident should demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team. | | | | | | | | |
| 10. | | | The resident should at all time treat patients, families, and all members of the health care team with respect, compassion, and integrity. | | | | | | | | |
| 11. | | | The resident should reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she will be unable to be present. | | | | | | | | |
| 12. | | | The resident must attend the mandatory conferences. | | | | | | | | |
| 13. | | | The resident should serve as a role model and guide for the medical students on the service in terms of professionalism. | | | | | | | | |

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| **PGY5** | | | | | | |  | | |
| In general the goals and objectives for the PGY – 5 resident on the surgical oncology service include the list of goals and objectives listed above for the PGY – 1 & -2 residents as a foundation with the addition of the following: | | | | | | | | |  |
| **A. Medical Knowledge** | | | | | | |  | | |
| 1. | | The resident should learn in depth the fundamentals of basic science as applied to surgical oncology. *Examples include: epidemiology of common tumors, biology of neoplasia, mechanisms of inherited cancer syndromes, mechanisms of recurrence and metastasis, nutritional support during chronic illness, mode of action of the common chemotherapy drugs, rationale for the use of preoperative induction vs. post-operative adjuvant chemotherapy, fundamentals of radiation therapy.* | | | | | | | |
| 2. | | The resident should learn in-depth fundamentals of basic science as they apply to the clinical practice of endocrine surgery. *Examples include normal and pathological endocrine function, surgical anatomy and surgical pathology of the thyroid, parathyroid, adrenal, pancreas, and pituitary glands; evaluation and management of the surgical causes of hypertension.* | | | | | | | |
| 3. | | The resident should be able to recognize and diagnose common cancer-related problems: *Examples include inadequate control of chronic pain, local/regional recurrence, metastases, bleeding, obstruction, mass effect, organ failure.* The resident should be able to interpret and correctly utilize diagnostic laboratory procedures. *Examples include blood tests to diagnose or monitor disease status such as CBC, Calcium, gastrin, LFT’s, plasma metanephrines, 5-HIAA, CEA, CA125, CA19.9, CA27.29, and AFP. Additional examples include the genetic predisposition tests.* | | | | | | | |
| 4. | | The resident should be able to recognize and diagnose common endocrine diseases treated by surgeons: *Examples include hyperparathyroidism, benign and malignant thyroid nodules, adrenal tumors, pheochromocytoma, hyperaldosteronism,Cushing’s syndrome, familial endocrinopathies, and hyperthyroidism .* The resident should be able to interpret and correctly utilize diagnostic laboratory procedures. *Examples include thyroid function tests, parathyroid hormone testing including intraoperative testing, tests of adrenal function, and genetic testing of familial endocrine syndromes.* | | | | | | | |
| 5. | | The resident should be able to interpret and correctly utilize diagnostic radiological procedures. Know cost effectiveness of diagnostic tests managing and following cancer patients. *Examples include the use of radiological procedures for initial staging, as well as operative management (e.g. lymphoscintigraphy) and follow-up after cancer treatment. Specific tests to understand will include chest x-ray, liver sonogram, bone scan, PET scan and CT.* | | | | | | | |
| 6. | | The resident should learn comprehensive preoperative assessment of disease status (i.e. staging) and co-morbid conditions, both cancer related (such as malnutrition) and cancer independent (such as coronary artery disease). Recognize and correct problems which might contribute to post-operative morbidity and mortality. | | | | | | | |
| 7. | | The resident should be able to recognize and treat post-operative complications more common in the surgical oncology patient *such as wound infection, tissue necrosis, seroma, lymphedema, DVT, feeding tube problems.* | | | | | | | |
| 8. | | The resident should be able to demonstrate knowledge of tumor staging based on the TNM classification system for all malignancies seen by general surgical oncologists. *Examples include soft tissue sarcomas and cancer of the esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas, biliary tree, and skin.* | | | | | | | |
| 9. | | The resident should learn in depth the management of malignancies seen by the general surgical oncologist, including screening, diagnosis, medical and surgical treatment options, and follow-up. | | | | | | | |
| 10. | | The resident should be able to discuss prognosis for patients with cancer based on tumor site, pathology, stage, and the functional status of the patient. | | | | | | | |
| 11. | | The resident should be able to perform advanced assessment of risk/benefits for all interventions relevant to cancer management. | | | | | | | |
| 12. | | The resident should be able to discuss the difference between and indications for prophylactic operations vs. palliative operations vs. procedures with curative intent. The chief resident should be able to demonstrate knowledge of the patient factors (e.g. staging information) that may recommend one approach over another, but also be aware that frequently different operative objectives are combined. | | | | | | | |
| 13. | | The resident should be able to demonstrate a thorough understanding of components and interventions involved in terminal care. | | | | | | | |
| 14. | | The resident should be able to demonstrate knowledge of cutting edge and experimental modalities in cancer care. *Examples include radiofrequency ablation of liver tumors, laparoscopic pancreatic resections, perioperative chemotherapy for resectable gastric cancer, PET staging, portal vein embolization for pre-resectional conditioning.* | | | | | | | |
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| **B. Patient Care** | | |  | | | | | | |
| 1. | 1. Under adequate supervision, the resident should assume responsibility for the care of all patients admitted to the service, including admission history and physical examination, evaluation of daily progress, and discharge summary. | | | | | | | | |
| 2. | The resident should be able to perform pre- and post-operative history and physical exam with particular focus on patterns of cancer recurrence and metastasis unique to each individual disease or tumor *(e.g. detection of supraclavicular lymphadenopathy, recognition of pleural effusion, etc.).* The resident should understand the importance of assigning a clinical or pathologic AJCC TNM stage to every patient with a known or suspected cancer diagnosis. | | | | | | | | |
| 3. | The resident should assume responsibility for ensuring that all discharge plans are in place for every patient, including scheduling follow-up appointments in medical oncology and surgical oncology clinics, radiation therapy, and any other appropriate outpatient treatment center. This includes responsibility for dictating discharge summaries, preparing prescriptions for pain meds and other postoperative medications, and assisting in scheduling follow-up visits. | | | | | | | | |
| 4. | Under appropriate supervision, the resident should be able to perform basic and complex operative procedures such as: *Sentinel node biopsy,* Ly*mph node biopsy, Wide local excision of skin lesions, Core needle biopsy, Fine needle aspiration biopsy, thyroidectomy, cervical lymph node dissection, parathyroidectomy, laparoscopic and open adrenalectomy, Mastectomy/axillary dissection, gastrectomy, open and laparoscopic colectomy, open and laparoscopic splenectomy, radical resection of soft tissue tumors, hepatic resection, pancreatic resection, low anterior resections or APRs, major amputations, and resections of tumors involving diaphragm, abdominal wall or chest wall, and cytoreduction and hyperthermic intraperitoneal chemotherapy perfusion.* | | | | | | | | |
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| **C. Interpersonal and Communications Skills** | | | |  | | | | | |
| 1. | The resident should communicate effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds. This includes discussions regarding the patient’s disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents and the attending surgeons; | | | | | | | | |
| 2. | The resident should communicate effectively with other team members including attending physicians, senior residents, midlevel providers, nurses and students. The resident must accurately portray critical clinical information in a timely professional manner and work effectively as a member of the surgical oncology service and the department of surgery; | | | | | | | | |
| 3. | The resident should work effectively with physicians from other services, other health professionals such as nurses and therapists, and health related agencies to provide high-quality health care. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents in a timely professional manner; | | | | | | | | |
| 4. | The resident must effectively document the practice activities by maintaining clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries; | | | | | | | | |
| 5. | The resident should counsel and educate patients and their families about the diseases that they or their family member are dealing with and the rationale for the recommended plan of care; | | | | | | | | |
| 6. | The resident will ensure that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day. | | | | | | | | |
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| **D. Practice-Based Learning and Improvement** | | | | |  | | | | |
| 1. | The resident must identify strengths, deficiencies and limits in his / her fund of knowledge and clinical abilities through self-evaluation and set learning and improvement goals based on those deficiencies; | | | | | | | | |
| 2. | The resident must identify and use appropriate learning activities to improve his / her knowledge in areas of knowledge and clinical deficiencies. In addition to individual study, it is expected that the resident will participate in all clinical (e.g., clinics and operating room) and didactic (e.g., conferences) activities specific to this service in order to improve his / her fund of knowledge and clinical abilities as they relate to the fundamentals of endocrine diseases and solid tumors and their medical and surgical management; | | | | | | | | |
| 3. | The resident must incorporate formative evaluation feedback from his / her faculty and senior residents into his / her daily practice; | | | | | | | | |
| 4. | The resident should be able to use information technology to locate high quality evidence from scientific studies related to their patient’s health problems. He / she should be able to analyze the literature for quality and relevance to their patient and be able to assimilate this information into clinical practice; | | | | | | | | |
| 5. | The resident should be able to clearly and accurately educate their patients and families, medical students, residents, and other health professionals about the fundamentals of endocrine and malignant diseases and their medical and surgical management;; | | | | | | | | |
| 6. | The resident must attend all service-specific conferences such as the melanoma conference, GI tumor conference grand rounds & the departmental morbidity & mortality conference; | | | | | | | | |
| 7. | The resident must utilize an evidence-based approach to patient care; | | | | | | | | |
| 8. | The resident is expected to have an understanding of the anatomy, physiology, and pathophysiology for each case in which they participate, and will keep track of their operative cases, with the goal of exposure to a diverse and thorough spectrum of oncologic and endocrine diseases during the rotation. | | | | | | | | |
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| **E. Systems-Based Practice** | | | | | | | |  | |
| 1. | The resident should be able to work effectively to provide high quality and seamless patient care throughout the health care delivery system including the outpatient clinic, emergency department, inpatient ward, operating room, post-anesthesia care unit, and intensive care unit; | | | | | | | | |
| 2. | The resident should be able to coordinate high quality patient care throughout the health care delivery system by working effectively with consultants, other health care providers such as respiratory therapists, physical therapists, and nurse, discharge planning nurses, and social workers; | | | | | | | | |
| 3. | The resident should incorporate considerations of cost awareness, risk benefit analysis, and evidence-based medicine into their clinical practice | | | | | | | | |
| 4. | The resident should be an advocate for high quality patient care and work to identify ways to optimize care delivery systems; | | | | | | | | |
| 5. | The resident should work effectively with risk managers, quality improvement professionals, and utilization review nurses to enhance patient safety, practice high quality and cost effective patient care; | | | | | | | | |
| 6. | The resident should be familiar with the principles of quality improvement processes including root cause analysis and should participate in identifying system errors and implementing potential systems solutions where possible; | | | | | | | | |
| 7. | The resident should work effectively with discharge planning, utilization review nurses, social workers, and home health care agencies to seamlessly and efficiently move the patient from an in hospital setting to a rehabilitation hospital, skilled nursing facility, or home with or without a home health care agency. | | | | | | | | |
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| **F. Professionalism** | | | | | |  | | | |
| 1. | | The resident must be honest at all times; | | | | | | | |
| 2. | | The resident should place the needs of the patient above all the needs or desires of him/herself. | | | | | | | |
| 3. | | The resident should maintain high ethical behavior in all professional activities. | | | | | | | |
| 4. | | The resident should remain compliant with all required training designated by the institution. | | | | | | | |
| 5. | | The resident must demonstrate a commitment to the continuity of patient care through carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead. | | | | | | | |
| 6. | | The resident must understand the institutional policy on duty hours and remain compliant with all duty hour regulations. | | | | | | | |
| 7. | | The resident should be properly and professionally attired at all times while engaged in patient care. | | | | | | | |
| 8. | | The resident should be properly and professionally groomed at all times when engaged in patient care. | | | | | | | |
| 9. | | The resident should demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team. | | | | | | | |
| 10. | | The resident should at all time treat patients, families, and all members of the health care team with respect, compassion, and integrity. | | | | | | | |
| 11. | | The resident should reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she will be unable to be present. | | | | | | | |
| 12. | | The resident must attend the mandatory conferences. | | | | | | | |
| 13. | | The resident should serve as a role model and guide for the medical students on the service in terms of professionalism. | | | | | | | |