Surgical Oncology

1. Rotation Name

Surgical Oncology

2. Educational Purpose of the Rotation

Provide Hematology/Oncology Fellows with an extensive exposure to specialized surgery focusing on the multidisciplinary management of common and complex malignancies of breast, colon, stomach, liver including radio-frequency ablation, head and neck, kidney, ovary, uterus, thyroid and pancreas.

3. <u>Staffing of the Rotation</u>

Dr. S. Saha at McLaren Regional Medical Center in Flint, Michigan will be the attending physician.

4. <u>Resources</u>

This rotation occurs in Dr. Saha's fully operational outpatient surgical oncology clinic.

5. <u>Responsibilities</u>

Fellows who participate in this rotation and are expected to:

- 1. Obtain a complete and focused work up including historyphysical examination, review of appropriate imaging studies and presentation of the case to the attending physician in a logical and timely manner.
- 2. Be prepared to discuss all significant patient findings with the attending physicians.
- 3. Assume responsibility for appropriate documentation in the medical record including clinical findings, formulation of plans, initiation and continuing care plans.

6. <u>Instructional Methods</u>

Attending physicians participating in this rotation will:

- 1. Supervise fellows in accordance with the supervision policy.
- 2. Provide fellows with on-going feedback on performance and interpretation skills.
- 3. Provide structured (formal) teaching opportunities including appropriate literature references and citations for review and discussion. This will take the form of at least one weekly one-hour

multidisciplinary tumor conference where the fellows and the attending will discuss patients of interest. The fellows are expected to have performed appropriate literature searches and come to this conference with pertinent citations. McLaren Regional Medical Center has weekly multidisciplinary conferences focused on general tumors and a separate weekly multidisciplinary clinic for breast cancer.

4. While the attending physicians remain ultimately responsible for patient care, the faculty members will allow fellows more primary responsibility as their skills progress.

7. <u>Evaluation Process</u>

At the completion of the rotation:

- 1. Faculty members will summarize and accurately describe the fellow performance on the provided evaluation form. The faculty member must discuss this evaluation with the fellow, both must sign their acknowledgment and return to the Program Director.
- 2. The fellows will summarize and accurately describe the faculty performance on the provided evaluation form and return it to the program office. In order to insure anonymity, those comments are entered into the computer and the original forms destroyed.

8. <u>Schedule</u>

During the course of this rotation the schedule is as follows: Monday through Friday 8:00 to 5:00

In addition, fellows will be excused from this rotation to attend two ongoing out-patient clinics through MSU, Monday 7:30 – 8:30 am Journal Club and Friday morning conference from 8:00 to 9:30 am.

9. <u>Rotation Competency Objectives</u>

- a. Patient Care
 - By the conclusion of the rotation, the Hematology/Oncology Resident will demonstrate the ability to perform an appropriate surgical/oncology history and physical, documenting the findings in an appropriate consultative summary, with a differential diagnosis list.
 - 2) By the conclusion of the rotation, the Hematology/Oncology Resident will be able to perform the above skills and be able to independently generate an appropriate management plan.
 - 3) Experience with marking and assessing surgical margins.

- b. Medical Knowledge
 - 1) All residents will be evaluated by the supervising faculty for appropriate analytic approach to surgical/oncologic conditions, and residents will be evaluated for satisfactory basic and clinical knowledge of medical aspects of surgical oncology.
 - 2) Demonstrate an increased proficiency in the ability to determine prognosis based on presurgical biopsy.
 - 3) Become familiar with complete staging of patient disease using radiographic, lymph node biopsy, and other imaging techniques.
- c. Interpersonal and Communication Skills
 - Residents are expected to demonstrate professional communication skills throughout their interactions with surgery patients. In addition, residents will be assessed for appropriate communication with Dr. Saha's surgery office staff, including setting clear expectations for work hours and outpatient/inpatient duties. Residents will be expected to act as a constructive and proactive member of the practice.
 - 2) Work effectively with other members of the health care team including, communicate effectively with patients, families, referring and consulting physicians.
- d. Professionalism
 - 1) Throughout the rotation, residents are expected to exhibit reliability in their clinical duties, as well as integrity and respect in their interactions with patients and colleagues.
 - 2) Residents will be able to demonstrate appropriate consultative principles of communication and responsiveness to professional consultative requests.
- e. Practice Based Learning and Improvement
 - Rotating residents will demonstrate self-initiative in the use of information technology available via the MSU electronic library to access and retrieve materials for self-education regarding urology cases.
 - 2) Rotating residents will be expected to show progressive learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors. They are also expected to facilitate any quality improvement initiatives in place at Dr. Saha's surgery practice.
 - 3) Gain increased facility with patient directed literature searches.

- f. Systems Based Practice
 - 1) All residents will demonstrate conscientious awareness of the impact of their professional activities at Dr. Saha's practice site, and will conscientiously avoid inappropriate use of the practice resources.
 - Residents must demonstrate understanding of cost-effectiveness of care incorporating cost-effectiveness into their development of diagnosis and treatment plans.