EDUCATIONAL GOALS AND OBJECTIVES FOR ROTATIONS ON: BREAST, WOUND AND PLASTIC SURGERY (GENERAL SURGERY-PINK SURGERY SERVICE)

Goal

The goal of the Breast Surgery rotation is to develop the knowledge, skills and attitudes necessary to evaluate, diagnose and manage patients with benign and malignant breast diseases. Objectives will be assessed in terms of clinical knowledge, interpersonal qualities, and operative skills though evaluations by faculty, peers, students and nursing staff.

Objectives for PGY-1 Residents: At the end of the PGY-1 year, residents will:

Patient Care

- Perform a focused, efficient, accurate initial history and physical of a full spectrum of patients including acutely ill patients and consultations.
- Recognize and manage common postoperative conditions such as fever, hypotension, hypoxia, confusion, and oliguria with assistance.
- Perform basic surgical skills such as airway management, knot tying, simple suturing, suture removal, use of Doppler ultrasound, administration of local anesthetic, universal precautions, and aseptic technique.
- Perform basic procedures such as venipuncture, arterial puncture, incision and drainage, minor skin excisions, placement of an IV, placement of an NGT, placement of a foley catheter.
- Practice basic interpretation of diagnostic studies such as plain x-ray, CT imaging, mammogram, ultrasound, MRI and results of lab/pathology studies.
- Perform basic operative steps of core procedures with attending supervision per the Resident Supervision Policy; the type of case and level of responsibility in each case will be determined by the level and the experience of the resident.
- Attend at least 2 clinic sessions each week.

Medical Knowledge

- *Based upon the Surgical Council on Resident Education (SCORE) educational curriculum*: develop a basic understanding and basic knowledge of the symptoms, signs, and treatments of the core surgical diseases as well as a basic knowledge of the core surgical operations.
    - Atypical ductal hyperplasia
    - Atypical lobular hyperplasia and lobular carcinoma in situ
    - Benign disease—fat necrosis, fibroadenoma, fibrocystic breast changes, galactocele, gynecomastia, intraductal papilloma, radial scar
    - Benign inflammatory disease—mastitis, abscess, mondor disease

    - Breast cancer— clinical and pathological staging of breast cancer (TNM classification), hereditary, inflammatory, invasive carcinoma (ductal, lobular, all variants), male, paget's disease of the nipple, during pregnancy and lactation
    - Breast mass
    - Breast pain
    - Ductal carcinoma in situ
    - Mammographic abnormalities
    - Nipple discharge
    - Phyllodes tumor
    - Axillary sentinel lymph node biopsy and lymphadenectomy
    - Breast biopsy with or without needle localization
    - Breast cyst—aspiration
    - Duct excision
    - Mastectomy—partial, simple, modified radical, radical, skin-sparing, nipple-sparing
- Define appropriate breast conservation therapies, their benefits and comparative outcomes, and compare them with non-breast conservation therapy
- Define the indications for adjuvant and neoadjuvant chemotherapy in the treatment of breast cancer
- Define the indications for adjuvant radiotherapy for the treatment of breast cancer
- Define the palliative treatments for late stage breast cancer
- Attend conferences including Morbidity and Mortality, Surgical Ground Rounds, didactic and service-specific conferences.
- Become familiar with NCCN guidelines and know how to access them
- Discuss the role of breast imaging including mammogram (with and without tomosynthesis), ultrasound, and MRI; describe guidelines for the use of each imaging modality
- Outline the importance of estrogen, progesterone and Her2/NEU receptors in the treatment and prognosis of breast cancer
- Describe the indications for and applications of genomic testing of early stage ER-positive breast cancers (e.g. Oncotype Dx, Mammoprint)
- Describe the indications for testing for breast cancer susceptibility genes and the application of these results in screening protocols and in the prevention and treatment of breast cancer

<u>Practice-based Learning and Improvement</u>

- Be able to willingly impart educational information clearly and effectively to medical students and other health care team members.
- Utilize media in presentations appropriately and effectively.
- Complete learning assignments using multiple resources.
- Participate in assigned skills curriculum activities and simulation experiences to build surgical skills.

- Actively participate in Morbidity and Mortality (M&M) and/or other Quality Improvement (QI) conferences with comments, questions, and/or accurate presentation of cases.
- Change patient care behaviors in response to feedback from a supervisor.
- Recognize when and how errors or adverse events affect the care of patients.
- Understand the concept of multidisciplinary treatment of breast cancer
- Recognize that breast cancer management is constantly changing and the need to keep abreast of those changes
- Participate in a Medical Oncology clinic and describe chemotherapeutic agents including monoclonal antibodies for the adjuvant and neoadjuvant treatment of breast cancer
- Participate in the Pathology Department to learn the gross and histological appearance of benign and malignant tumors, the importance of specimen orientation, the indications for intraoperative pathology consultation, and the limitations of pathological evaluation of a specimen
- Participate in the Radiology Department to learn the important findings in breast-related imaging (mammogram, ultrasound, tomosynthesis, MRI, CT scan)
- Participate weekly in the multi-disciplinary Tumor Board conference. The resident will be responsible for presenting a newly diagnosed breast cancer patient for discussion of the challenges in management and for discussing a scientific article related to the management of that patient.

<u>Professionalism</u>

- Be polite and respectful towards patients, their families, and other health care professionals.
- Demonstrate a commitment to continuity of care by taking personal responsibility for patient care outcomes.
- Respond to pages and consultation requests promptly.
- Be honest and trustworthy.
- Consistently respect patient confidentiality and privacy.
- Understand the institutional resources available to manage personal, physical, and emotional health.
- Comply with duty hour standards.
- Understand the principles of physician wellness and fatigue mitigation.
- Complete operative case logs and duty hour logs, perform other assigned and required administrative tasks in a timely fashion, without requiring excessive reminders or follow-up.

<u>Interpersonal and Communication Skills</u>

- Utilize a variety of techniques to ensure that communication with patients and their families is understandable and respectful.
- Effectively communicate basic health care information to patients and their families.

- Willingly exchange patient information with team members.
- Respond politely and promptly to requests for consults and care coordination activities.
- Perform face-to-face hand-offs.
- Communicate basic facts effectively with patients, hospital staff members, and the senior surgeon in the operating room.
- Understand the necessary elements of informed consent for procedures.

Systems-based Practice

- Develop a basic understanding of the available resources for coordinating patient care, including social workers, visiting nurses, and physical/occupational therapists.
- Obtain a basic knowledge of how health systems operate.
- Understand the system factors that contribute to medical errors and is aware that variations in care occur.

EDUCATIONAL GOALS AND OBJECTIVES FOR ROTATIONS ON: SOFT TISSUE, WOUND AND PLASTIC SURGERY (GENERAL SURGERY-PINK SURGERY SERVICE)

Goal: The goal of the Soft Tissue, Wound and Plastic Surgery rotation is to develop the knowledge, skills and attitudes necessary to evaluate, diagnose and manage patients with tumors, ulcers, and chronic wounds of the soft tissue. Objectives will be assessed in terms of clinical knowledge, interpersonal qualities, and operative skills though evaluations by faculty, peers, students and nursing staff.

Objectives for PGY-1 Residents: At the end of the PGY-1 year, residents will:

Patient Care

- Perform a focused, efficient, accurate initial history and physical of a full spectrum of patients including acutely ill patients and consultations.
- Recognize and manage common postoperative conditions such as fever, hypotension, hypoxia, confusion, and oliguria with assistance.
- Perform basic surgical skills such as airway management, knot tying, simple suturing, suture removal, use of Doppler ultrasound, administration of local anesthetic, universal precautions, and aseptic technique.
- Perform basic procedures such as venipuncture, arterial puncture, incision and drainage, minor skin excisions, placement of an IV, placement of an NGT, placement of a foley catheter.
- Practice basic interpretation of diagnostic studies such as plain x-ray, CT imaging, mammogram, ultrasound, MRI and results of lab/pathology studies.
- Perform basic operative steps of core procedures with attending supervision per the Resident Supervision Policy; the type of case and level of responsibility in each case will be determined by the level and the experience of the resident.
- Attend at least 2 clinic sessions each week.
- Perform, under appropriate graduated supervision, wound/ulcer debridement, skin lesion biopsy (punch, incisional, excisional), breast reconstruction, placement of NPWT dressing, Unna boot, compression wrap, total contact cast.

Medical Knowledge

- *Based upon the Surgical Council on Resident Education (SCORE) educational curriculum*: develop a basic understanding and basic knowledge of the symptoms, signs, and treatments of the core surgical diseases as well as a basic knowledge of the core surgical operations.
    - Complex wound closure
    - Skin grafting

    - Adnexal tumors of the skin
    - Cellulitis
    - Hidradenitits
    - Melanoma and nevi
    - Necrotizing soft tissue infections
    - Non-melanoma skin cancers
    - Paronchyia and felon
    - Pilonidal cyst/sinus
    - Soft tissue masses—evaluation
    - Surgical site infection
    - Melanoma—wide local excision
    - Pilonidal cystectomy
    - Sentinel lymph node biopsy for melanoma
    - Skin/soft tissue lesions—excisional and incisional biopsy
    - Soft tissue infections—incision, drainage, debridement
- Describe the basic steps in the healing of wounds, including cellular, hormonal, vascular responses
- Describe the key nutritional components necessary to adequate wound healing, testing for malnutrition, and recommendations for supplemental nutrition
- Describe the interplay of co-morbid conditions and their treatment with wound healing
- Describe the steps in the clinical decision tree for the evaluation of chronic ulcers and non-healing wounds
- Describe the indications for biopsy of skin lesions, including punch biopsy, incisional biopsy and excisional biopsy
- Understand important considerations in planning incisions of the skin, including cosmesis, joint function, and possible need for wide re-excision
- Describe the diagnostic workup for chronic ulcers and non-healing wounds
- Describe the indications for Vascular Surgery consultation in managing chronic ulcers and non-healing wounds
- Describe methods of off-loading in the prevention and management of pressure ulcers and diabetic ulcers, including pressure-reducing mattresses and cushions, total contact casting, orthotic devices such as splints and shoes
- Describe the indications for negative pressure wound therapy (NPWT) in the management of post-surgical wounds, ulcers, and chronic wounds
- Describe indications for the various methods of mechanical edema control in the prevention and management of venous and lymphedema related ulcers, including compression stockings, Unna boots, compression wraps, mechanical pumps
- Describe approved indications and contraindications for hyperbaric oxygen therapy (HBO) in both acute and chronic situations
- Describe the role of debridement and topical agents in the management of chronic ulcers and non-healing wounds
- Describe the indications for referral of patients with skin malignancies to plastic surgery, medical oncology and radiation oncology

Practice-based Learning and Improvement

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- Complete learning assignments using multiple resources.
- Participate in assigned skills curriculum activities and simulation experiences to build surgical skills.
- Actively participate in Morbidity and Mortality (M&M) and/or other Quality Improvement (QI) conferences with comments, questions, and/or accurate presentation of cases.
- Change patient care behaviors in response to feedback from a supervisor.
- Recognize when and how errors or adverse events affect the care of patients.

Professionalism

- Be polite and respectful towards patients, their families, and other health care professionals.
- Demonstrate a commitment to continuity of care by taking personal responsibility for patient care outcomes.
- Respond to pages and consultation requests promptly.
- Be honest and trustworthy.
- Consistently respect patient confidentiality and privacy.
- Understand the institutional resources available to manage personal, physical, and emotional health.
- Comply with duty hour standards.
- Understand the principles of physician wellness and fatigue mitigation.
- Complete operative case logs and duty hour logs, perform other assigned and required administrative tasks in a timely fashion, without requiring excessive reminders or follow-up.

Interpersonal and Communication Skills

- Utilize a variety of techniques to ensure that communication with patients and their families is understandable and respectful.
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- Willingly exchange patient information with team members.
- Respond politely and promptly to requests for consults and care coordination activities.
- Perform face-to-face hand-offs.
- Communicate basic facts effectively with patients, hospital staff members, and the senior surgeon in the operating room.
- Understand the necessary elements of informed consent for procedures.

Systems-based Practice

- Develop a basic understanding of the available resources for coordinating patient care, including social workers, visiting nurses, and physical/occupational therapists.
- Obtain a basic knowledge of how health systems operate.
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