Surgical Oncology
Competency Based Curriculum
Goals and Objectives

Medical/Surgical Knowledge

R1/2

1. Know how to interpret CT scans of head, chest, and abdomen, other radiographic studies, mammograms, laboratory values including tumor markers.
2. Understand tumor kinetics including biology of tumor growth and some therapeutic regimens including chemotherapy, radiotherapy, immunotherapy.
3. Understand the basic principles of surgical therapy for cancer.
4. Know basic anatomy of the hepatobiliary tract, pancreas, liver and GI tract.
5. Have a basic understanding of common cancers, i.e. breast, soft tissue, hepatobiliary, pancreatic, and GI

R4

1. Have a working knowledge of evaluating a surgical oncology patient. Know indications to obtain studies and utilize these studies when evaluating a patient.
2. Be able to outline a basic treatment strategy for treatment of common types of cancer based upon stage. This should be both surgical and chemotherapy if indicated.
3. Have a working knowledge of anatomy and how surgical resection for tumors is influenced by the stage of cancer and the location of the cancer.

R5

1. Be able to outline a unified plan of care for common cancers based upon stage, type of cancer, location and potential for resection.
2. Know the principles and approach to common cancers including a detailed understanding of the surgical approach.
**Patient Care and Technical Skills:**

**R1/2**

Can expect to learn the listed skills and assume responsibility for managing patients with surgical oncologic problems under the close supervision of a senior resident or attending physician.

1. Be able to complete a comprehensive history and physical for a surgical oncology patient.
2. Be able to do appropriate pre and postoperative care for a surgical oncology patient.
3. Demonstrate basic use of surgical instruments.

Be able to perform the following operative procedures:

1. Breast biopsy
2. Perform a sentinel node biopsy
3. Open and close an abdomen
4. Perform an exploratory laparotomy
5. Mediport placement and removal

**R4**

Will assume greater responsibility and advanced technical skills. These include:

1. Teaching medical students and junior residents
2. Organizing conferences
3. Organize and direct resuscitation of critically ill postoperative surgical oncology patients
4. Make daily management decisions

Be able to perform the following procedures:

1. Mastectomies
2. Colonic resection
3. Gastric resection

**R5**

Will assume major responsibility on the service and have achieved complex technical skills required for the management of:

1. Daily surgical care
2. Organization of teaching conferences and rounds
3. Assigning resident staff to operative procedures
4. Deal with complex surgical problems in the surgical oncology patient

The following procedures including:

1. Major complex gastrointestinal surgery
2. Hepatic resection
3. Major cancer resections
4. Pancreatic operations
**Interpersonal and Communication Skills**

R1/2 residents will develop and refine their individual style when communicating with patients.

- They will strive to create ethically sound relationships with patients, the physician team, the care team and the supporting hospital personnel. They will effectively communicate through accurate and complete notes on the electronic medical record.
- They will exhibit listening skills appropriate to patient-centered interviewing and communication.
- Residents will be able to communicate with patients concerning end-of-life decisions.

PGY-4 and PGY-5 or 6 residents will exhibit team leadership skills through effective communication as a team manager.

- PGY-4 and PGY-5 or 6 residents are expected to assist junior peers, medical students and other hospital personnel to form professional relationships with support staff. Residents will respond to feedback in an appropriate manner and make necessary behavioral changes. Residents should be able to negotiate nearly all difficult patient encounters.
- PGY-4 and PGY-5 or 6 residents should function as team leaders with decreasing reliance on attending physicians.

**Professionalism**

- All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supercedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. They will be punctual and prepared for teaching sessions.
- Residents will demonstrate a commitment to ethical principles pertaining to provision or withholding clinical care, confidentiality of patient information and informed consent.
- Residents are expected to show sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.
Practice Based Learning and Improvement

R1/2 residents will use hospital and University library resources to critically appraise medical literature and apply evident to patient care.
- They will use electronic and paper references to support patient care and self-education.
- They will model these behaviors to assist medical students in their own acquisition of knowledge through technology

R4/5 residents will consistently seek out and analyze data on practice experience, identify areas for improvement in knowledge or patient care performance and make appropriate adjustments.
- They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual practice.
- R5 residents will model independent learning and development and assist with the learning and development of junior residents.

Systems Based Practice

R1 residents will be sensitive to health care costs while striving to provide quality care. They will begin to understand the place of appropriate consultation for the best care of their patients.

R2 residents will understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with patient care managers, discharge coordinators and social workers to coordinate and improve patient care and outcomes.

R4/5 residents will utilize out-of-hospital resources to assist patients with therapeutic plans. These senior residents are expected to model cost-effective therapy.