

Surgical Oncology Resident
Handbook
2014 - 2015

Division of Surgical Oncology
Rutgers Cancer Institute of New Jersey
Rutgers Robert Wood Johnson Medical School

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Overview

Cancer therapy has evolved over the last few decades such that most cancers require multi-modality therapy for appropriate treatment. Surgery of the breast, skin, soft tissues, endocrine system, liver, pancreas and gastro-intestinal tract for cancer as well as the field of surgical oncology are all primary components of the field of surgery. The modern surgeon must understand the basic principles of cancer risk assessment, screening and diagnosis. The surgeon must be adept at the primary surgical treatment of cancer and be familiar with cancer staging, adjuvant treatment and patient follow-up. The surgeon performing cancer related surgery must know when to operate and when to defer to other treatment modalities. End of life issues must also be dealt with in an appropriate and sensitive manner.

Surgeons are required to be familiar with diseases and operative techniques in thoracic surgery. A surgeon is required to have experience during training that will allow for diagnosis and management of a select group of conditions in thoracic surgery.

The surgical resident rotation on the Surgical Oncology Service is designed to allow the resident to become familiar with the above concepts. Clinical conferences, attending rounds and formal lectures along with supervised patient care encounters in the clinic and OR are used to achieve this goal. The MD Anderson Surgical Oncology Handbook (5th edition) is the textbook for the rotation. It is available as an e-book through the Rutgers Library. The information contained here is also available at: <http://www.cinj.org/education/SurgOncEducation.html>.

New This Year

- 1) The service will have 4 residents. The PG-4 resident is primarily responsible for the thoracic surgical portion of the service.
- 2) Senior residents will rotate for two months. PG-1 for one month.
- 3) An advanced practice nurse, Sondra Patella (732) 986-3572, is assigned to the service to assist with patient care.

Clinical Patient Care and Consults

Basic cell phone or pager contact information for the attending surgeons in the Surgical Oncology Division is listed on the quarterly call schedule. The thoracic faculty maintains a separate call schedule. Please do not hesitate to contact the surgeons for patient care concerns. It is better to call too often than to not call. The primary number for the Division is 732-235-7701.

Each attending surgeon covers his or her own patients and rounds daily during the week. The resident team must discuss the care of each patient every day with the responsible attending surgeon. On weekends and holidays, the on-call attending will usually round for the division and review the patient care plan with the team. Some surgeons will ask the team to contact them on weekends even if that attending is not on-call.

Consults to specific attending surgeons should be discussed with that attending. Breast surgery consults are referred to the Breast Surgery Fellow as listed on the call schedule. The attending has the option of accepting the consult or asking the on-call attending to accept the consult. Consults to the service in general should be directed to the on-call attending. A written attending on-call schedule is available on the RWJUH intranet as well as in the Office of Surgical Education and as a link from <http://www.cinj.org/education/SurgOncEducation.html>.

Conferences and Rounds

Attendance at conference is mandatory. At the Tuesday 7:00 AM pre-operative conference, cases for the upcoming week are reviewed along with tumor stage and the rationale for surgery. Complications and interesting cases from the previous week are reviewed. The chief resident will select complications and interesting cases in advance with Dr. August by the previous Friday. The chief will then assign one resident each week to review and distribute an article related to that complication or interesting case. This article in electronic format must be provided to Kim Jacobs (732-235-8524) by the previous Friday.

An attending will also select an article in their area of interest for discussion. Both the attending article and the resident article will be available on the web site by Friday evening before the conference. The residents should read both articles and be prepared to discuss them. You must provide Kim with your Rutgers e-mail address on the first day of the rotation. This will allow you to be contacted if there is a last minute change. The residents are responsible for checking their e-mail as well as maintaining the appropriate software to read the articles (usually Adobe Acrobat Reader) on the website.

Following the pre-operative conference, the residents will attend tumor specific rounds or conferences to allow for discussion of specific surgical oncology issues using current cases as a basis for the discussion.

Office Hours

Clinic attendance is mandatory and takes precedence over scheduled OR cases. This implies that some cases will go uncovered and an RNFA will be scheduled as assistants by the attending surgeon when appropriate. The clinic experience is designed to maximize the opportunity to evaluate new patients who will subsequently be seen again in the OR. Continuity of care is emphasized. Residents must wear professional attire at office hours. Scrubs covered by a white coat are not acceptable.

Each resident is expected to attend clinic each week. A separate schedule of assignments is posted on the web page. These may be modified from time to time by the chief resident to comply with work hour regulations.

Operating Room

The Chief Resident can use the pre-operative conference to plan weekly assignments to the OR. **The Surgery Residency Review Committee requires that the resident see and examine the patient pre-operatively and document this event in the medical record.** Almost all patients are admitted on the day of surgery. You must briefly examine the patient and review the indications for surgery. Then write a brief pre-operative note in the chart. Two to three sentences summarizing the situation and the plan are sufficient. Almost all Surgical Oncology Division patients will have a typed H and P available for your review. Please read it. Please prepare for the operating room with appropriate self-directed reading.