The PGY III and IV Oncology rotation is intended to familiarize the resident with cognitive, surgical, attitudinal and interpersonal skills necessary for the management of gynecologic malignancies and their precursor lesions. Residents should become familiar with the therapeutic principles underlying the treatment of these patients including a basic understanding of radiation therapy, chemo therapy and terminal care. This rotation also focuses on the identification of patients who are at risk for, or who have existing pelvic malignancy.

II. Competencies, Goals and Objectives
By the completion of this rotation the PGY III and IV resident should be able to:

1. Medical Knowledge
   - Discuss the clinical relevance of viral oncogenes
   - Discuss the inheritance pattern of pelvic/breast malignancies.
   - Correlate the embryology of gonadal migration with the pathogenesis of ovarian neoplasia.
   - Demonstrate competence in the anatomy of the ventral wall and pelvic viscera including vascular, lymphatic and neurologic components.
   - List the risk factors contributing to pelvic/breast malignancies.
   - Describe the impact of cancer and its therapies on the immune system.
   - Describe the role of viruses in the pathogenesis of gynecologic tumors.
   - Discuss breast cancer staging and the prognostic significance of histologic type, lymph node status, and hormone receptor status.
   - Describe the epidemiology of vulvar and vaginal intraepithelial neoplasia.
   - Describe the clinical manifestations and differential diagnosis of vulvar cancer.
   - Summarize the epidemiology of cervical intraepithelial neoplasia and cervical cancer.
   - Describe the clinical manifestations and differential diagnosis for invasive cervical cancer.
   - Discuss the FIGO staging for cervical cancer.
   - Discuss the management of endometrial hyperplasia based on histology, patient age, reproductive goals, and risk of malignancy.
• Describe the epidemiology, clinical symptoms, and differential diagnosis for endometrial cancer.
• Discuss the FIGO staging of endometrial cancer.
• Describe the clinical manifestations of ovarian cancer.
• Describe the histology and FIGO staging of ovarian carcinoma.
• Describe the epidemiology and genetics of hydatidiform mole.
• Outline the clinical manifestations of gestational trophoblastic disease and its diagnostic tools including BHGG, ultrasonography, chest x-ray, thyroid function.
• Distinguish a complete versus partial mole using histologic and cytogenic findings.
• Describe the general principles and potential complications of radiation therapy.
• Describe the mechanisms of action and potential complications of chemotherapy.
• Describe the basic principles of palliative care for the terminally ill patient.
• Discuss the medical, ethical, legal implications of a DO NOT RESUSITATE (DNR) order.

2. Patient Care (Clinical Skills)
• Evaluate a patient’s personal and family history and epidemiologic factors for the development of breast cancer.
• Demonstrate anatomic skills for the identification of pelvic landmarks such as the ureter, pelvic vasculature, and lymph nodes.
• Perform a focused history and physical in women with signs and symptoms of breast cancer.
• Perform and interpret the results of diagnostic procedures for VIN and VAIN.
• Perform appropriate biopsies to diagnose vulvar cancer.
• Elicit pertinent history in a woman with an abnormal pap smear.
• Treat CIN with modalities such as LEEP, cold knife conization.
• Obtain a targeted history in patients with abnormal bleeding including such risk factors as obesity, anovulation, PCOS, glucose intolerance, estrogen exposure, family history.
• Perform focused physical exams in women at risk for endometrial hyperplasia.
• Treat endometrial hyperplasia medically and surgically and establish appropriate follow up.
• Perform biopsies, hysteroscopy and D & C to diagnose endometrial cancer.
• Perform a targeted history and physical exam for the diagnosis of potential of ovarian cancer.
• Provide surgical treatment for a patient with gestational trophoblastic disease (GTD).
• Treat endometrial hyperplasia medically and surgically and establish appropriate follow up.
• Cystoscopy with ureteral stent placement
3. **Patient Care (Management Skills)**
   - Describe and interpret for the patient the results of a breast cyst aspiration and fine needle biopsy of the breast.
   - Coordinate cancer screening for a patient at risk for breast, gynecologic and GI malignancy.
   - Establish appropriate follow up protocol for CIN, VIN and VAIN.
   - Demonstrate competency in the post operative care of the high risk surgical patient including:
     - Hemodynamic evaluation and management
     - Fluid/electrolyte imbalance
     - Complex wound care
     - Respiratory care
     - Pain management

4. **Practice Based Learning**
   - Analyze and evaluate personal practice experience and implement strategies to improve the medical and emotional care of the cancer patient.
   - Appraise and assimilate evidence from scientific studies regarding the prevention, diagnosis and management of pelvic neoplasms and pre-cancerous conditions.
   - Incorporate demographic information regarding his/her patient population into the management of breast/gynecologic neoplasms.
   - Use information technology to expand knowledge base in gynecologic oncology.
   - Apply knowledge of study designs and statistical methods to the appraisal of the therapeutic modalities for the treatment of gynecologic oncology patients.
   - Demonstrate receptiveness to instruction and formative feedback during oncologic surgical procedures and all clinical encounters.
   - Participate in tumor board review.

5. **Communication/Interpersonal Skills**
   - Counsel patients regarding breast cancer prevention strategies.
   - Counsel patients regarding breast cancer screens such as mammography.
   - Explain the patient appropriate diagnostic tests for evaluating a suspicious breast lesion.
   - Provide effective feedback to other physicians involved in the care of the gynecologic oncology patient.
   - Communicate effectively to patients regarding their neoplasms in language appropriate to their age, educational and socioeconomic background.
   - Provide effective consultations to other health care professionals regarding management of gynecologic oncology patients.
   - Maintain comprehensive legible records.
- Sustain therapeutic and ethically sound relationships with patients, patient families and colleagues.

6. Professionalism
- Conduct all interactions with the gynecologic oncology patient with honesty, sensitivity and compassion.
- Provide patient-centered care that is tailored to the emotional needs of the oncology patient.
- Demonstrate accountability to patients, society and the profession.
- Promote ethical concepts of autonomy, beneficence, justice and non malfeasance in the provision or holding of care for the oncology patient.
- Maintain strict confidentiality of information regarding the gynecologic oncology patient.
- Obtain informed consent for gynecologic oncology procedures.
- Discuss advanced directives for the oncologic and terminally ill patient.

7. Systems Based Practice
- Arrange for appropriate referral to gynecologic oncologist for surgical and medical treatment of pelvic malignancy.
- Arrange for appropriate referral to radiation oncologist and medical oncologist.
- Order appropriate and cost effective tests for the diagnosis, evaluation, and management of breast/gynecologic neoplasms.
- Review the importance of nutrition in the care of the gynecologic oncology patient.
- Partner with health care managers and health care providers to coordinate care of the gynecologic oncology patient.
- Review the common sources for liability claims in the management of the breast/gynecologic malignancy patient.

III. Teaching Methods and Rotation Structure
- The PGY I Oncology rotation will be one months in duration.
- The resident will review the curriculum prior to the first day of the rotation.
- The resident will participate in
  - all gynecologic oncology operative procedures
  - daily teaching rounds
  - evaluation of private outpatient gynecologic oncology patients
  - Gyn pathology review
  - Gyn Tumor Conference
- Resident surgical experience will be progressive, gradual and commensurate with level of his/her experience and surgical skills.
IV. Types of Clinical Encounters
- Residents will participate in the care of both private gynecologic oncology patients.
- Residents will participate in the outpatient and inpatient settings in the surgical and non-surgical management of the gynecologic oncology patient.

V. Resident Supervision
- The resident will be under the tutelage and supervision of Dr. Fouad Abbas, Division Director and Dr. Peter Zucker, Gynecological Oncologist.

VI. Reading List
- Up to Date (available to all residents)
- Practical Gynecologic Oncology; Barek and Hacker
- Principles and Practice of Gynecologic Oncology; Hoskins, Perez, Young
- Clinical Gynecologic Oncology; DiSais, Creaswan
- Cancer Therapy and Biotherapy; Chabner, Lougo

VII. Method of Evaluation
- Residents will also receive timely intraoperative formative feedback focused on honing surgical skills.
- Cognitive assessment of the resident’s knowledge of gynecologic oncology will be evaluated by the gynecologic scores from the CREOG In Service exam (given annually) and by frequent pre tests, given prior to gynecologic oncology chapter reviews.
- Residents will receive regular formative feedback during daily teaching rounds and all patient encounters with gynecologic oncology patients.
- At the completion of the rotation residents will receive a written evaluation in the competency format utilizing both formative and summative feedback. This evaluation will be completed and submitted by the Chief, Section of Gynecologic Oncology and will become a component of the residents permanent record.

ONCOLOGY

Arrive in-house as determined by Oncology chief.

- Round with Oncology team
- Round on all personal surgical patients (c/sections)
- Attend Oncology surgical cases as scheduled
- Attend Oncology Wed clinic if not in OR/rounding on patients
- Attend weekly continuity clinics as scheduled
- Assist with the management B6 floor calls on oncology patients
- Assist with the management of Oncology pager calls
• Assist with the management of office nursing calls, outpatient infusion center calls regarding chemotherapy patients
• Assist with Pre-Ops of surgical patients
• Attend Chairman’s rounds, Grand Rounds, Journal Club
• Attend Morning Report if available
• Assist with the preparation of Tumor Board
• Attend all scheduled lectures, Tumor Board
• Prepare Onc or other lectures as assigned
• Collect Onc pager from night float team no later than 6:30 a.m.
• Sign-out to night float team prior to leaving for the day
• Prepare Journal Club presentations as assigned
Procedures

The Table at the end of Unit 4, Gynecology, provides a detailed list of the gynecologic procedures with which the resident should be familiar. The following Table lists the additional procedures that are specific to gynecologic oncology and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Understand</th>
<th>Understand and Perform</th>
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<tbody>
<tr>
<td>Colectomy (partial or total)</td>
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<td>X 3</td>
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<tr>
<td>Colostomy</td>
<td>X 2</td>
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<td>Fistula repair</td>
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<td>Enterocutaneous</td>
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<tr>
<td>Ureterovaginal</td>
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<tr>
<td>Hysterectomy</td>
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<tr>
<td>Extrafascial (with or without bilateral salpingo-oophorectomy)</td>
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<tr>
<td>Radical (with or without bilateral salpingo-oophorectomy)</td>
<td>X 2</td>
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<tr>
<td>Lumpectomy of breast</td>
<td>X 2</td>
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<tr>
<td>Lymph node biopsy/dissection</td>
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<td>Axillary</td>
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<td>Inguinal</td>
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<td>Paraortic</td>
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<td>Pelvic</td>
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<td>Sentinel</td>
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<tr>
<td>Mastectomy</td>
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<tr>
<td>Simple</td>
<td>X 2</td>
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<tr>
<td>Radical</td>
<td>X 2</td>
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<tr>
<td>Paracentesis</td>
<td>X 2</td>
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<tr>
<td>Pelvic exenteration with or without reconstruction</td>
<td>X 2</td>
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<tr>
<td>Port placement, intraperitoneal</td>
<td>X 2</td>
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<tr>
<td>Radiation therapy</td>
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<tr>
<td>Brachytherapy</td>
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<tr>
<td>External beam</td>
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<tr>
<td>Interstitial</td>
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<tr>
<td>Resection of large and small bowel</td>
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<tr>
<td>Staging laparotomy</td>
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<tr>
<td>Biopsy of pelvic lymph nodes</td>
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<td>Procedure</td>
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<tr>
<td>Biopsy of peritoneal implants and cytologic washings of the peritoneal cavity</td>
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<td>Exploration of abdomen</td>
<td>X 3</td>
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<tr>
<td>Infracolic omentectomy</td>
<td>X 2</td>
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<td>Suction evacuation of molar pregnancy</td>
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<tr>
<td>Vaginal reconstruction</td>
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<tr>
<td>Gracilis flap</td>
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<tr>
<td>Martius flap</td>
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<tr>
<td>Skin graft</td>
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<td>Transverse rectus abdominis myocutaneous flap</td>
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<tr>
<td>Venous access device placement</td>
<td>X 1</td>
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<tr>
<td>Vulvectomy, radical</td>
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RESIDENT RESPONSIBILITIES
PGY-III/PGY-IV

OBSTETRICS

Arrive in-house no later than 6:30 a.m.

1. Rounds on personal surgical (i.e. Cesarean section/cerclage) patients, postpartum service patients
2. Review all service postpartum and post-op charts
3. Attend Morning Report, Chairman’s rounds, Grand Rounds, Journal Club
4. Attend all scheduled lectures, Tumor Board
5. Responsible for senior level management on L&D, carry the OB Resident Vocera
6. OB consults when MFM resident unavailable
7. Attend all non-private deliveries
8. Prepare OB lectures as assigned (ACOG guidelines)
9. Attend weekly continuity clinics as scheduled
10. Cesarean section experiences include: emergent sections, preterm deliveries, classical sections, multiple gestations, and any other high risk delivery
11. Experience with operative vaginal deliveries, vaginal breech deliveries, etc.
12. Takes outside non-private patient calls during the day
13. May be required to attend HROB clinic and assist MFM resident
14. Cover the floor during Grand Rounds
15. Sign-out to night float team prior to leaving for the day
16. Assist PGY-I on L&D, triage and all complicated postpartum/post-op patients
17. Prepare Journal Club presentations as assigned

GYNECOLOGY

Arrive in-house no later than 6:30 a.m.

1. Round on personal surgical patients including c/sections
2. Oversee PGY-I management of B6 floor calls on Gyn patients
3. Responsible for in-house floor consults
4. Collect the ER pager from the night float team no later than 6:30 a.m.
5. Assist junior resident in covering the ER, covers the ER when the PGY-II is not available; follows ER consults in the absence (i.e. vacation) of the PGY-II
6. Attend Ambulatory and Main OR cases as assigned
7. Attend weekly continuity clinics as scheduled, including Colposcopy clinic and Adolescent clinic
8. Attend Chairman’s Rounds if not in the OR or ER
9. Attend Grand Rounds, Journal Club
10. Attend all scheduled lectures, Tumor Board
11. Prepare GYN or other lectures as assigned
12. Sign-out to night float team prior to leaving for the day
13. Prepare Journal Club presentations as assigned
MATERNAL FETAL MEDICINE (MFM)

Arrive in-house as needed to prepare for morning report

1. Round on all private and non-private antepartum patients
2. Resident level responsibilities with perinatal consults on Labor and Delivery or antepartum unit
3. Carry the MFM resident vocera
4. Attend High Risk OB clinic and weekly continuity clinics as scheduled
5. Preparation of Perinatal cases and other lectures as assigned
6. Supervision by MFM attending
7. Attend Chairman’s Rounds, Grand Rounds, Journal Club
8. Attend all scheduled lectures, Tumor Board
9. Participation in antepartum care in antenatal testing unit as assigned by the MFM attending (i.e. genetic amniocentesis, antepartum testing, ultrasonography)
10. Participation in cerelage placement, external versions
11. Cover OB Chief in his/her absence (ie: clinic, vacation)
12. Sign-out to night float senior resident prior to leaving for the day
13. Prepare Journal Club presentations as assigned
14. No vacation to be taken

ONCOLOGY

Arrive in-house as needed to prepare for attending rounds.

1. Round with Abbas Oncology team
2. Attend Abbas Oncology cases as scheduled; scrubs night and weekend cases as scheduled if free from call responsibilities
3. Attend weekly continuity clinics as scheduled
4. Oversee PGY-I/II management of B6 floor calls, pager calls, office nursing calls, and outpatient infusion center calls, pre-ops
5. Attend Chairman’s Rounds, Grand Rounds, Journal Club
6. Attend all scheduled lectures, Tumor Board
7. Cover Gyn Chief in his/her absence (ie: vacation)
8. Sign-out to night float team prior to leaving for the day
9. Collect Onc pager from night float team no later than 6:30 a.m.
10. Prepare Journal Club presentations as assigned

UROGYNECOLOGY

1. Primary resident for urogyn cases
2. Attend weekly continuity clinics as scheduled
3. Attend all scheduled lectures, Tumor Board
4. Attend Chairman’s Rounds if available
5. Attend Grand Rounds, Journal Club
6. Cover Gyn Chief (together with Onc Chief) in his/her absence (ie: vacation)
7. Sign-out to night float team prior to leaving for the day
8. Prepare Journal Club presentations as assigned

**AMBULATORY GYNECOLOGY**

1. As determined by Gynecologists office
2. Attend weekly continuity clinics as scheduled

**CALL/NIGHT FLOAT RESPONSIBILITIES**

Night Float begins at 6:00 p.m. (Mon – Thurs). Sign-out is at 12:30 p.m. (Fri), if no lectures. If there are Friday lectures, then call begins immediately after. On holidays that fall on a weekday, sign-out is at 7:00 a.m.

**Night Float:**
1. Round on personal surgical (c/section) patients
2. Oversee management of L&D by junior residents
3. Supervision of PGY-I in Triage
4. Manage antepartum patients
5. Attend all non-private deliveries
6. Oversee management of B6 floor calls for benign and Oncology patients
7. Cesarean section experience include: service patients with junior residents, additional experience with emergent and high risk Cesarean deliveries
8. Oversee ER consults by junior resident
9. Oversee Oncology admissions by junior resident
10. Dictate all Floor consults
11. Take all non-private outside calls
12. Attend continuity clinics as scheduled
13. Assist PGY-I/II in presenting the board during morning report
14. Duty ends after Morning Report/Lectures/Grand Rounds/Tumor Board/Clinic
15. Attend Chairman’s Rounds, Grand Rounds, Journal Club
16. Attend all scheduled lectures, Tumor Board
17. Prepare Journal Club presentations as assigned
18. Prepare OB lectures as assigned (ACOG guidelines)
19. Vacations may not be taken
20. Attend private deliveries if the private physician is not immediately available

**Weekend Call:**
1. Round as determined by outgoing and incoming call teams
2. Review all service postpartum and post-op charts
3. Oversee management of L&D by junior residents
4. Manage antepartum patients
5. Attend all non-private deliveries
6. Take all non-private outside calls
7. Oversee management of B6 floor calls for benign and Oncology patients
8. Cesarean section experiences are to include: service patients with junior residents, additional experience with emergent and high risk Cesarean deliveries
9. Oversee ER consults by junior resident
10. Oversee Oncology admissions by junior resident
11. Dictate all Floor consults
12. Attend private deliveries if the private physician is not immediately available