

Breast Surgery Rotation

1. OVERVIEW

Breast surgery is specially emphasized on the General Surgery services. This area of study is incorporated into each of the general surgery rotations on the KMC Red/Gold services, Delano Regional Medical Center service as well as the Plastic Surgery service at KMC. Majority of the breast surgeries are performed at the KMC campus. Resident experiences include the current management of breast cancer patients for screening to definitive surgical therapy, sentinel lymph node biopsy, management of complications of metastatic breast cancer and breast reconstructive surgeries.

The plastic and reconstructive surgery department perform significant amount of breast reconstructive surgery including breast augmentation, breast reduction, breast implants as well as myocutaneous flaps and free flaps for reconstruction.

Residents also have the options of participating in stereotactic breast biopsy performed by the radiology department at KMC and DRMC.

2. GOALS

The major goals of this rotation are to:

- i. provide residents with experience in the initial management, planning and subsequent surgical management of benign and malignant breast diseases.
- ii. Provide residents with experience in sentinel lymph node biopsy, stereotactic breast biopsy, fine needle aspiration biopsy, trucut needle biopsy and traditional surgical biopsies of the breast.
- iii. Provide residents with experience in breast conservation surgery and modified radical mastectomy in the management of breast cancer.
- iv. Provide residents with experience in reconstructive breast surgery.

Upon completion of five years of General Surgery residency, residents are expected to be able to:

- Demonstrate the knowledge for proper screening and follow up for breast cancer patients.

3. OBJECTIVES

- a. **Patient Care:** Upon completion of five years of General Surgery residency, residents are expected to be able to:
 - i. Demonstrate the basic and advanced knowledge in caring for breast disease patients.
 - ii. Demonstrate the ability to surgically manage diseases of the breast.
 - iii. Demonstrate the ability to acquire medical knowledge and apply such knowledge to patient care.

- iv. Demonstrate the ability to use information technology to increase medical knowledge base.
- b. **Medical Knowledge:** Upon completion of five years of General Surgery residency, residents are expected to be able to:
- i. Demonstrate knowledge of the anatomy, physiology, and pathophysiology of the breast.
 - ii. Demonstrate knowledge of the indications for sentinel lymph node biopsy and interpretation of results
 - iii. Demonstrate knowledge of the indications and techniques of stereotactic breast biopsy.
 - iv. Demonstrate the current therapy for breast conservations surgery and ablative surgery for breast cancer
 - v. Demonstrate the indication and therapeutic options for breast reconstruction.
- c. **Practice-based learning:** Residents are expected to
- i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.
- d. **Interpersonal and communication skills:** Residents are expected to:
- i. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - ii. Work effectively with others as a member of the OR team.
- e. **Professionalism:** Residents are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Resident is expected to:
- i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients, and a commitment to excellence and on-going professional development.
 - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- f. **Systems-based practice:** Residents are expected to:
- i. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - ii. Advocate for quality patient care and assist patients in dealing with the complexities of the OR experience.

4. CLINICAL EXPERIENCE

The residents participate in all aspects of surgical care including preoperative visits, operative procedures and post-operative care including post operative office visits, under the direct and indirect supervision of the faculty.

5. DIDACTIC EXPERIENCE

Following a case-based reading approach, residents are expected to utilize resources for self-education which include vascular textbooks available in the medical library, bound medical and surgical journals in the medical library, and on-line searching capabilities maintained throughout the institution. In addition to the every Wednesday afternoon didactic conferences, residents are expected to participate in the oncology conference/tumor board monthly in which breast cancer cases are often presented and discussed.

6. RESPONSIBILITIES

a. Decision making

Decisions are made directly under the supervision of the faculty staff

b. Planning

Planning for care is done on an ongoing basis with the faculty staff

c. Direct patient care

Patient care is performed directly with the faculty staff

d. Record keeping

Residents complete all pre-op history and physical form on patients the morning of surgery, under direction of the faculty staff. Operating notes are written or dictated by the faculty staff or by the resident under direct supervision by the faculty staff.

e. Order writing

Orders are generally written by the resident responsible for the care of the patient. Perioperative orders are written by the faculty staff or by the resident under direct supervision by the faculty staff.

f. Ongoing patient management

Patient management occurs in the medical office, in the hospital and in the outpatient surgery setting, all under the direct supervision of the faculty staff.

7. SUPERVISION

Residents are under direct and indirect supervision by the faculty staff at all times.

8. SCHEDULE

Schedules follow the respective Red/Gold General Surgery services, Plastic Surgery service, and Delano Regional Medical Center rotation schedules.

9. DISTRIBUTION OF GOALS, OBJECTIVES

Goals and objectives of this rotation are distributed at the beginning of the residency year to each resident. Copies are sent by email to each resident

assigned to this rotation prior to the beginning of the rotation. Additional copies can be obtained in the surgery residency coordinator's office. The goals and objectives can also be assessed via the KMC surgery website:

www.kmcsurgery.org

10. METHODS OF IMPLEMENTATION

Goals and objectives are implemented through one on one precepting, faculty role modeling, reading materials, conferences as scheduled, and spontaneous and planned didactic sessions.

11. VACATION

Residents may schedule vacation with the approval from the Administrative Chief Resident.

12. CALL RESPONSIBILITIES

Call responsibilities follows the respective rotation call schedules. Please refer to the General Surgery, Plastic Surgery and DRMC rotation call schedules.