

## **BREAST SURGERY GOALS AND OBJECTIVES**

### **GOALS**

Through rotation on the Breast Surgery Service, residents shall attain the following goals:

#### **I. Patient Care**

A. Preoperative Care Setting: outpatient clinic and inpatient service (primary and consultation).

Residents will evaluate and develop a plan of care for preoperative patients with a variety of benign and malignant breast conditions. The plan shall include any intervention(s) that will successfully prepare a patient for surgery. The resident will perform complete and detailed history and physical examinations of patients being considered for surgery (All PGY)

- i) The resident will learn to obtain and interpret laboratory and radiologic tests that are appropriate for the condition being treated and/or the procedure being planned (All PGY). There will be an emphasis on understanding the indications for additional work up and/or neoadjuvant therapy.
- ii) The resident will demonstrate an understanding of the principles of preoperative patient selection and optimization (ie cardiopulmonary risk assessment; nutritional status; special considerations such as thrombophilias/bleeding disorders, steroid dependent patients, timing of surgery after neoadjuvant therapy, multiple comorbidities, etc...) (PGY 1-3)
- iii) The resident will participate in the informed consent process for patients being scheduled for procedures or surgeries. The informed consent process includes identifying and reviewing with the patient the risks, benefits, and alternatives of the planned intervention (All PGY)

B. Operative Care Setting: 5N and 2W

The following are a list of essential common operations that the resident(s) can be expected to have exposure to by the completion of Breast Surgery rotation:

- Skin Punch Biopsy (PGY 1-3)
- Excisional Biopsy (with/without localizer) (PGY 1-3)
- Terminal Duct Excision (PGY 1-3)
- Partial mastectomy (Lumpectomy) (with/without localizer) (PGY 1-5)
- Mastectomy (PGY 1-5)
- Sentinel Lymph Node Biopsy (PGY 1-3)
- Axillary Lymph Node Dissection (PGY 1-5)

C. Postoperative Care Setting: outpatient surgery center, inpatient floor, outpatient clinic

Residents shall develop and follow through with a plan of care for the post-operative breast

surgery patient. This plan generally focuses on, but is not limited to: pain control; fluid and electrolyte management; drain management, compression, lymphedema prevention, and other consultants (Plastic Surgery and occasionally Medical Oncology or Breast Radiology); the identification and treatment of common post-operative complications including bleeding, infection, seroma formation, thromboembolism (among others); identification of discharge appropriate patients and coordination of care as they transition back to home following their surgery/procedure.

### 1. Outpatient surgery center

A) The resident will successfully choose an oral analgesic home regimen that will adequately manage a Breast Surgery patient's pain who has undergone an elective, same day procedure (All PGY). Please note that narcotic usage on Breast Service is rare and tailored to individual patient needs.

B) The resident will successfully complete and review with the Breast Service patient who has undergone an elective, same day procedure the patient's discharge instructions. Key points will include activity restrictions, wound care/drain instructions, compression recommendations and reconciliation of the patient's medication list (All PGY)

C) The resident will successfully coordinate appropriate surgical follow up (All PGY)

### 2. Inpatient floor

A) The resident/APP team is expected to make morning rounds on the inpatient Breast Surgery patient list (including the consult service) prior to the start of the day's activities (OR cases, clinic) (All PGY)

B) **After rounds, the resident is expected to contact the attending physicians of record to review the plan of the day for each individual patient before 9am.** Common issues to be discussed should include vital signs (including pain control), Is/Os, physical exam findings, daily labs, medication review, consultant recommendations. The daily plan will generally consist (among others) of identifying possible discharge appropriate patients, drain management, plan for compression and pain control. **The resident can update faculty in person that they are going to see either in clinic or the OR. Any patient with ongoing acuity or a clinical status change identified on rounds MUST be reviewed via telephone call as soon as possible (All PGY).**

C) The resident team will divide the work for the day with the service APP in such a manner that it will be performed as efficiently as possible. The goal for all discharges is to be discharged by noon (All PGY).

D) The intern or junior resident should provide as close to real time updates as possible with changes in patients condition, new consults, results of important tests to the attending of record. This includes postoperative checks to day of surgery especially looking for expanding hematomas (All PGY).

### 3. Out-patient clinic

A) Each resident on service will be expected to attend clinic for one day per week (on average) of the course of the rotation. If there are no OR cases on a given day, the resident is expected to attend clinic. Learning and exposure to

imaging/procedures will be emphasized. An expectation would be for the resident to see no more than 5 patients per day to maximize educational yield (All PGY).  
B) If desired, the resident may use some clinic time to shadow with Breast Radiology to obtain a better understanding of breast imaging and biopsy procedures. Time with Breast Radiology will be coordinated by the attending surgeons at resident request. This is particularly encouraged for residents interested in rural practice.

## II. Medical Knowledge

Resident fund of knowledge as it relates to breast surgery will be expanded through a variety means, some of which are structured and others of which require independent initiative from the residents who are rotating on the service. These include: 1) Assigned or recommended readings 2) Breast Rotation Quiz 3) Tumor Board Attendance 4) Journal Club.

### 1. Conferences

- A) Residents are expected to attend weekly Wednesday morning morbidity and mortality conference. Complications from the Breast Surgery service are to be presented by the resident who was involved in the case in front of a group of their peers as well as the surgical faculty at large. This conference will give residents an opportunity to think critically about specific steps in the preoperative workup, operative conduct and/or post-operative care of patients who have experienced a complication and identify opportunities for alternative decisions in similar, future cases that may lead to improved outcomes. Evidenced based practice patterns should be emphasized when applicable. Presentations should be reviewed in advance with the responsible faculty (All PGY).
- B) Residents are expected to attend weekly multidisciplinary Breast oncology tumor board. These tumor boards serve as a fertile environment for residents to i) gain an appreciation of the multidisciplinary approach that is unique to the care of cancer patients and ii) gain an understanding of staging (both clinical and pathologic), prognosis and practice guidelines as they relate to neoadjuvant, surgical and adjuvant treatment strategies for cancer patients (All PGY).

### 2. Assigned Readings: Residents will cover various Breast topics, as part of their recommended rotation reading curriculum through the program at large. The SCORE curriculum is the chosen curriculum for the general surgery residency. Additionally, residents are encouraged to educate themselves upon the scientific information relating to Breast Diseases both benign, high risk and malignant.

- A) **Recommended readings are e-mailed to the service resident at the beginning of the rotation. Textbooks may be checked out from attendings if desired.**

### 3. Breast Surgery Quiz: Residents are expected to complete an assigned quiz by the end of the rotation. This quiz is emailed to the resident at the beginning of the rotation along with the recommended readings. Feedback will be provided on answers to quiz questions. Quiz is open book.

## III. Practice-based Learning

Residents are expected to engage in critical self-review as it relates to the cases in which they participate, whether it be in the operating room, on the wards or in the outpatient setting.

1. Morbidity & Mortality Conference – Discussion should center on an evidence based discussion of quality improvement (All PGY).
2. Residents shall keep logs of their cases and track their operative proficiency as gauged by whether they assisted or were the surgeon junior or senior or teaching assistant (All PGY).
3. Residents shall distribute operative cards to attendings with whom they have performed cases so that they can be filled out and placed into said resident's Clinical Competency Committee (CCC) folder (All PGY).
4. Residents shall familiarize themselves with evidence based guidelines related to disease prevention, patient safety and quality (SCIP measures, DVT prophylaxis guidelines, screening colonoscopy guidelines, etc) as well as hospital specific matters related to safety and quality (NSQIP data, QITI data, pharmacy formularies for hospital acquired infections, isolation precaution measures) (All PGY).

#### **IV. Interpersonal and Communication Skills**

The Breast Surgery service provides unique opportunities for residents to develop their interpersonal and communication skills, both in the context of physician to patient interactions as well as in interactions as part of the health care delivery team.

- A) Residents will be given the opportunity to observe (PGY 1-3) and eventually participate in (PGY 4, 5) the process of delivering bad news to patients and their families/friends. These opportunities exist in the outpatient as well as the inpatient setting and arise in the context of discussing pathology reports, diagnostic findings and prognosis (among others).
- B) Residents will also be called upon to communicate the daily plan and progress of patients admitted to the hospital to patients, their family and the entire healthcare team involved in the care of that particular patient. The healthcare team will include nurses, therapists, advanced practice provider, and other physicians serving as consultants (All PGY).
- C) Residents shall learn to document their practice activities in such a manner that is clear, concise and in accordance with the standards of medicolegal documentation (All PGY).
- D) Residents shall participate in the informed consent process for patients being scheduled for elective and emergent/urgent procedures or surgery (All PGY). A resident should never feel solely responsible for obtaining consent especially not for a procedure with which they are not familiar. It is encouraged that the resident review any questions or concerns with the faculty with respect to consent for surgery.
- E) Residents shall learn to give and receive detailed sign-out to facilitate continuity of care during handoffs (All PGY).

## V. Professionalism

The Breast Surgery rotation offers many opportunities for residents to hone their skills as they relate to professionalism.

- A) Residents will have opportunities to learn how to be honest and sincere with patients. Examples include breaking bad news and explaining surgical complications (All PGY). In these scenarios it is advised to review the details of the patient's care with the staff before addressing the patient so that inconsistency is limited.
- B) Residents shall demonstrate a commitment to the continuity of care of a patient within the confines of the 80-hour duty restrictions (All PGY).
- C) Residents shall learn to maintain patient confidentiality (All PGY).
- D) Residents will learn the importance of accurate medical documentation (All PGY).
- E) Residents will be expected to adhere to the hospital's code of professional conduct as it relates to appearance and (All PGY).
- F) Residents will be expected to be punctual and prepared for all cases, clinics and conferences that they are participating in on any given day (All PGY).

## VI. Systems-based practice

The Breast Surgery rotation provides residents with inpatient and outpatient opportunities to grow within the systems based practice core competency.

- A) Residents will learn to practice high quality cost effective, evidence based patient care. This knowledge will be gained through participation in the conferences listed above in the medical knowledge competency and include the M&M and Tumor Boards (see discussion about each of these above) (All PGY).
- B) Residents will be educated about and held accountable for compliance with the surgical care improvement project (SCIP) standards as they relate to the perioperative care of Breast Surgery patients and include but are not limited to reducing surgical site infection(s) through the appropriate use and choice of perioperative antibiotics and other ERAS parameters (All PGY).