Roles, Responsibilities and Expectations for MS3 on Surgical Oncology

Patient Care

The third year medical student will be an integral part of the surgical team throughout patients stay in the hospital. The third year student is expected to read about the disease processes of the patients on the service, and is to understand the indications for admission and surgery.

The operating room schedule is available and up to date several days in advance of the actual surgeries. The students will decide, as a group, which student will be taking part in the surgery of each patient. Third year medical students are required to read about the patient's history and read about the disease process of each patient before taking part in their care. Prior to entering the operating room, it is expected that the anatomy that is pertinent to that particular surgery is reviewed. You will be asked about the cancer type, staging, treatment, prognosis, anatomy, and postoperative complications.

Postoperatively, medical students should take an active role in patient care. To this regard, it is expected that all tests results are reviewed by the student and abnormal results are relayed to the surgical residents. Any overnight events or daytime events must be noted and relayed to the residents. If a patient is having a test performed, the student should watch. This includes colonoscopies, EGD's, EUS, ERCP, PET scan, ultrasound, CT, etc. It is very important the students understand how these studies are performed for future patient care.

Knowledge

During the surgical oncology rotation, the following must be learned. Learning takes place on rounds, in clinic, in the operating room, and on your own.

1. Breast cancer, melanoma, gastric cancer, esophageal cancer, colorectal cancer, pancreatic tumors, sarcoma, hepatocellular carcinoma
    a. Presentation of disease, diagnosis, workup, staging, treatment
    b. The role for chemotherapy and radiation
    c. The types of chemotherapy
    d. Long-term follow up
2. The diagnosis, workup and treatment of postoperative complications including
    a. Ileus / Delayed Gastric Emptying / Postop Bowel Obstructions
    b. Pancreatic leaks
    c. Pneumonia
    d. Fever
    e. UTI
    f. Wound infection
    g. Intraabdominal infections
    h. DVT/PE

Professionalism

Students go back into the operating room with the patients and they call the resident as they are going back. It is expected that the medical student will introduce themselves to the patient prior to going to the operating room, and establish the rapport that is essential to the patient's postoperative care. In the operating room, the students take an active role. Learn to put on SCDs and TEDs as soon as the patient arrives in the OR. After the patient is asleep, the residents or nurses will

teach the students how to place a foley. Each student needs to place at least two foleys in men and women. Opportunities exist for the motivated student to practice IV's, arterial lines, even intubation (at the discretion of the anesthesiologist); make the most of them.

Professionalism is expected at all times. That includes punctuality in rounds in the morning, showing up to clinic, and in the OR. In clinic – be on time. If clinic starts at 8:00, arrive at 7:55. Look and act professional, no scrubs. You will have ample opportunities to take a detailed history and physical exam – use them. Ask questions, as it is expected there will be many things you won't know, and you won't learn them unless you ask.

Teaching rounds with attendings occur on a weekly basis. It is expected that medical students will be able to summarize the patient's presentation, discuss their operative and postoperative course, the patient's current clinical status, relevant imaging or laboratory studies, and then answer questions posed by the attending on the patient's disease process or related topics. It is expected that the student will have read prior to teaching rounds on the disease process from both textbooks and the latest primary literature. Students are encouraged to share articles, and this will be supplemented by the residents and attendings. Teaching rounds are intended to reinforce the teaching from resident daily rounds, the OR, the clinic, and the student's independent study.