

Gynecologic Oncology

Elective Rotation

This elective rotation is for no less than four (4) weeks in a hospital-based service and is intended to be a structured clinical and surgical experience under direct supervision. This rotation is a time to enhance the clinical and perioperative fund of knowledge in problem solving and decision-making, as well as a time to build on surgical experience. Students on this service will have successfully completed their third year required ob/gyn rotation. A pre-rotation and post-rotation examination will be done, but used as an adjunctive in evaluating the student's overall performance and cognitive understanding of gynecologic oncology.

Purpose

This clinical rotation is intended to assist the students' transition from their general ob/gyn didactic experience to an integrated clinical –surgical encounter within the field of gynecologic oncology. The student's decision-making, perioperative management, systematic medical problem solving and medical record keeping will be enhanced through this experience.

At the completion of this rotation, the student should have reached certain broad goals, including:

- **improved basic operative skills;**
- **familiarity with ancillary diagnostic procedures (ultrasound, laparoscopy, etc.);**
- **an understanding of indications for appropriate laboratory and diagnostic tests for perioperative management.**

Students are expected to assist in the operating room, under supervision. The student should also develop fundamental psychomotor skills by performing routine basic procedures under direct supervision.

Objectives

We recognize that four weeks is insufficient time to cover a comprehensive list of objectives. Clearly, subjects addressed in any clinical rotation are dependent on the numbers of patients and kinds of disease entities presenting at a particular time. Nevertheless, certain minimum content in Gynecologic Oncology **must** be addressed, either by clinical exposure or by didactic materials so that students are better prepared for Board examinations and future rotations. Therefore, the following sections contain relatively broad, basic objectives for which students are responsible. Affective objectives are fundamental.

Affective

1. Be cognizant of the social and health policy aspect of women's health (ethical issues, cancer research and treatment, domestic violence; HPV vaccinations).

Psychomotor Objectives - Gynecology

1. Conduct a medical interview and accurate physical exam with emphasis on perioperative gynecology.
 - a. Establish rapport with patients.
 - b. Generate a problem list.
 - c. Form a diagnostic impression, including a differential diagnosis.
 - d. Develop a management plan while also considering economic, psychosocial, and ethical issues.
2. Properly tie one and two handed knots with either hand being the dominant hand.

Cognitive Objectives – Gynecology

1. Understand the abdominal and female pelvic anatomy from the SMA to the caudal aspects of the femoral triangle, with a particular focus on:
 - a. Layers of the anterior abdominal wall
 - b. Hypogastric vessels (anterior and posterior division)
 - c. Abdominopelvic nerves including genital-femoral, obturator, and femoral nerves
 - d. Describe the avascular spaces of the pelvis

2. Discuss reproductive cancers.
 - a. List risk factors for cervical, endometrial, and ovarian cancers.
 - b. Describe symptoms physical findings and the staging for a patient with endometrial cancer.
 - c. Describe symptoms and physical findings and the staging for a patient with ovarian cancer.
 - d. Describe common chemotherapy regimens for an ovarian cancer and the rationale for selection
 - d. Outline the proper management of a patient with postmenopausal bleeding.
3. Discuss the physical properties of different electrosurgical instruments and energy sources used during surgery
 - a. Cutting current
 - b. Coagulation current
 - c. Pulsed bipolar currents
 - d. Harmonic scalpel
4. Understand patient selection for open vs laparoscopic vs robotic approaches for the management of their gyn malignancy.

Implementation

Course objectives are to be accomplished in a College affiliated hospital or clinical facility, under supervision. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve required objectives include:

- reading assignments
- computer-assisted programs (if available)
-

Clinically oriented teaching methods may include:

- Tumor Board discussions
- Supervised patient care responsibilities
- Participation in clinic visits, patient rounds and the operating room
- Supervised and critiqued clinical work-ups of patients admitted to the service
- Assigned gynecologic oncology case presentations

Three levels of achievement are identified:

- familiarity with a variety of medical procedures through observation and assisting
- proficiency in clinical procedures through actual supervised performance
- awareness of the availability of various medical procedures and their use

Texts and Resources

Recommended Text:

1. Disala, PJ and Creasman, WT, Clinical Gynecologic Oncology, 7th Ed., Elsevier Health Sciences, 2007
2. Rock, JA and Jones, HW, TeLindes Operative Gynecology, 9th Ed., Lippincott, Williams, and Wilkins, 2003.

Additional Helpful Reading Resources

Audio Digest OB/GYN Tapes

Clinics in Obstetrics and Gynecology, Philadelphia: W.B.Saunders, current editions

Assignments

1. Rock, JA and Jones, HW, TeLindes Operative Gynecology, 9th Ed., Lippincott, Williams, and Wilkins, 2003.

Surgical Anatomy of the Female Pelvis
 Abdominal Hysterectomy
 Postanesthesia and Postoperative Care
 Water, Electrolyte, and Acid-Base Metabolism
 Wound Healing, Suture Material, and Surgical Instrumentation
 Principles of Electrosurgery as Applied to Gynecology
 Cancer of the Cervix
 Endometrial Cancer
 Ovarian Cancer: Etiology, Screening, and Surgery