

Learning Experience: Colon and Rectum

Learning Experience Leader:

Synopsis of Learning Experience:

PGY I Core Competencies

Medical Knowledge:

1. Describe the AJCC TNM staging system and explain its use in evaluating malignant neoplasms of the colon and rectum.
2. Outline the appropriate usage of carcinoembryonic antigen in the management of patient follow-up.
3. Summarize current indications for genetic screening in cancer of the colon and rectum.
4. Summarize the incidence, epidemiology, and risk factors associated with colorectal cancer.
5. Demonstrate knowledge of the anatomy, physiology, and pathophysiology of the gastrointestinal tract.
6. Explain the role of neoadjuvant and adjuvant chemoradiation in the treatment of GI malignancies.
7. Discuss the fundamentals of the pathophysiology, clinical presentation and natural history of common benign colon and rectal disease entities including inflammatory bowel disease, diverticular disease, hemorrhoids, perirectal infections, fissures, and fistulas).
8. Demonstrate a basic knowledge of diagnostic tests (indications, contraindications, and timing) utilized in the work-up of patients with benign colon and rectal disease processes.
9. Discuss perioperative management including bowel preparations (what type and when to use them), peri-operative fluid management, and appropriate post-operative orders for both abdominal and anorectal cases

Patient Care:

1. Take an appropriate history to evaluate patients with diseases of the colon and rectum to include:
 - a. Pertinent risk factors
 - b. Previous history of gastrointestinal problems
 - c. Current symptoms

2. Demonstrate an increasing level of skill in the physical examination of the patient with colorectal as well as anal complaints.
3. The resident should be able to perform the following procedures under appropriate supervision
 - a. Hemorrhoid rubber band ligation
 - b. Hemorrhoid ligation
 - c. Internal lateral sphincterotomy
 - d. Incision and drainage of perirectal abscess

Practice Based Learning:

Familiarity with the literature regarding surgical management of benign and malignant conditions including areas of controversy is expected.

Interpersonal and Communication Skills:

1. The PGY 1 resident should instruct students about the preoperative and postoperative care of surgical patients and the principles of surgery.
2. Residents should develop good interpersonal skills with nurses, patients, and families.

Professionalism:

1. Demonstrate commitment to patient care and acquiring the necessary knowledge to successfully carry out the duties of a PGY I resident.
2. They are expected to attend colorectal surgery clinics as assigned the equivalent of at least one full day a week, as well as the WFBMC Multidisciplinary Solid Tumor Conference as assigned weekly.

Systems-Based Practice:

1. Develop an appreciation of multi-disciplinary approaches to patients with cancer including adjuvant therapies, and cancer rehabilitation by participating in multi-disciplinary outpatient and inpatient activities.
2. Presentation of patients with cancer in multidisciplinary tumor boards.

PGY IV and V Core Competencies

Medical Knowledge:

1. Comprehensive knowledge of the surgical treatment of colon and rectal disease processes including the indications, contraindications, surgical options, and complications.
2. Comprehensive knowledge of complex anorectal disease processes and the possible methods of treatment.
3. Comprehensive knowledge of the diagnosis and management of the complications

of surgical treatment of colon and rectal disease.

4. Comprehensive knowledge of the anatomy, pathology, and pathophysiology of the colon, rectum and anus.
5. Clear understanding of pathophysiology, staging, surgical treatment options, and possible complications related to colon and rectal cancer
6. Understand pathophysiology, treatment, surgical options and possible complications related to the treatment of diverticular disease
7. Understands pathophysiology, treatment, surgical options and possible complications related to the treatment of IBD

Patient Care:

1. Increased skill in laparoscopic colon resection.
2. Proficiency in performing a proper oncologic colon/rectum resection.
3. Competency in evaluating and treating patients with hemorrhoids, anal fissures, complex fistula disease, hidradenitis, anal condyloma, and pilonidal disease.
4. Ability to perform appropriate operations for inflammatory bowel disease. (IPAA vs. TAC vs. segmental resection vs. ileocolic resection.)
5. Ability to perform colonoscopy with polypectomy
6. Ability to perform a laparoscopic right hemicolectomy
7. Demonstrate ability to perform a proper oncologic left colon resection

Practice Based Learning:

Familiarity with the literature regarding surgical management of malignancy including areas of controversy is also expected.

Interpersonal and Communication Skills:

The resident should instruct medical students and residents about the preoperative and postoperative care of surgical patients and the principles of surgery. They should also demonstrate the ability to teach junior house staff basic surgical skills and assist them with introductory level cases. The Chief resident must display leadership skills and the ability to run an effective multi-level service with numerous residents and medical students on the service. Organization, time management and administrative skills for managing a team of residents and students should be demonstrated.

Professionalism:

1. Demonstrate commitment to patient care and acquiring the necessary knowledge

to successfully carry out the duties of a senior resident.

2. They are expected to attend surgical oncology and breast clinics as assigned the equivalent of at least one full day a week, as well as the Multidisciplinary Solid Tumor Conference as assigned weekly.

Systems-Based Practice:

1. Consult and interact with other members of the professional cancer team in explaining options to the newly diagnosed cancer patient.
2. Develop an appreciation of multi-disciplinary approaches to patients with colorectal disease by participating in multi-disciplinary outpatient and inpatient activities.
3. Presentation of patients with cancer in multidisciplinary tumor boards.