

Surgical Oncology Handbook for Residents

Welcome to your Surgical Oncology Rotation! During this, you will learn the various different cancers that are managed in area of General Surgery and taking care of these complex patients preop, intraop, and postop. The service covers all cancers of the GI tract from the stomach to the anus. Included are complex hepatobiliary diseases, as well as pancreatic cancers, soft tissue sarcomas, melanomas, breast cancer and metastatic cancers

Included in this guidebook are the expectations for residents, clinic schedules, OR schedules, Conference schedule and basic order sets, seminal articles that are required reading during the rotation.

We hope you enjoy your time!

- **Please reference the Goals and Objectives on the website**
- ****Below are important links to know****
 - o Staging forms- <http://vip.mc.llumc.edu/vip/Departments/LLUMC-Departments/Cancer-Center/Forms/Cancer-Staging-Forms/Index.page?>
 - o Biospecimen forms- <http://vip.mc.llumc.edu/vip/Departments/LLUMC-Departments/Cancer-Center/Forms/Consent-Forms/Index.page?>
 - o A Key website for the service is the following
 - <http://www.nccn.org/default.aspx>
 - You can have a free account here. The NCCN is an excellent site for information and algorithms for treatment
 - Also includes information on who needs genetic testing
- In addition to the goals and objectives there are a few other expectations listed for each year.

General Resident expectations

It is expected for **ALL residents regardless of level that you are to be in the OR for patient positioning, prepping, and draping. It is unacceptable and will not be tolerated for the attending having to page residents to come to the OR, or residents showing up while the attending is already draping and prepping the patient. Tardiness may result in **Residents only function as an assistant and not perform parts of the case**. If you are running late, let the attending know ahead of time.

****Morning workflow has changed to the following.**

- All OR cases must have all paperwork done before 645am before patients can go into the OR (**H/P, Interval Update, consent, Day of Admission order set, Check FYI tab etc.**) for first case starts and 45 minutes prior to start of later cases in the day.
 - o It is the responsibility of the Chief resident to make sure that this paperwork is complete.
 - o The nurse practitioner Pam Esquivel is usually available to get most of this paperwork done, but cannot do consents.
 - o Check with Pre-op to make sure documentation is complete
 - o NP cannot perform consents
 - This is usually an issue with port-a-cath placements where consents are usually done the day of surgery.
 - o Residents without a license cannot sign consents
- After paperwork is done, juniors can return to finish making rounds on the floor patients.
- Failure to complete paperwork on time will result in a delay on the Surgeon side and counts against the service by the hospital. This is extremely important for the first case start. Making sure paperwork is complete takes priority before morning rounds with Chief Resident.
- **If paperwork is not complete or residents is not prepared, this may result in the resident only helping as a pure assistant and not performing parts of the case.**
- **Chief Residents**
 - o You are in charge of the services and we expect you to have ownership over the patients. Various attending staff have preferences for postoperative management and those will be included in this guidebook. However, we expect you to make decisions and communicate those decisions with staff.

- The following should always be communicated with attending staff
 - Change of level of care (transfer to SICU, or transfer out of SICU, new admissions)
 - Results of imaging studies and discussion of what YOU want to do for the patient based on the image findings.
- You do not have to communicate replacement of electrolytes, changing IV fluids, advancing diet, etc...and other basic patient management.
- Chief on Surg Onc 1 is the administrative Chief for Surgical Oncology. Responsibilities include organization of the service
 - Emailing weekly schedule on Thursday night. Weekly schedule includes the OR and Clinic coverage for residents and students. There should be no surprise for interns and residents for the cases next day in order to prepare in advance. The weekly schedule with residents assigned to the case must also be sent to the clinic schedulers.
 - Double check cases the evening before to check for any add-ons or changes to the OR.
- Covers range of cases in breast, colorectal, hepatobiliary, pancreas, robotic, and Cytoreductive cases
- **Chief residents are to communicate in the morning with attending staff via txt or phone before going to the OR regarding the issues and plans for their patients. This also applies to the weekends **This is mandatory**.**
- Robotic Cases
 - Experience in robotic cases starts from the basics in learning how to dock the robot, change out instruments and be the assistant for the attending at the console.
 - Chiefs are expected to use the simulation to practice robotic skills before getting on the console.
 - You must complete the established training by Dr. Garberoglio before sitting down on the console. It is recommended to meet with him prior to the rotation to discuss the training required.
 - Once you have shown that you understand the basics and complete the necessary training, you can get experience on the console.
- **Weekend rounds are to be covered by Senior Residents. It is not acceptable for an R2 or an R1 to be covering rounds for the Senior Resident.**
- R3
 - Covers range of cases in breast, colorectal, and any other cases needing coverage
 - **Can cover weekend rounds as Senior Resident**
- R2
 - Covers range of cases in breast, colorectal, and any other cases needing coverage
 - R2 expected to carry out junior level roles as well in patient care
 - **The R2 is NOT to round on the weekends as the senior.**
- R1

- The R1s are responsible for the patients on their services. Interns should also be aware of the plan for patients on each other service as well.
 - Good communication, clarifying what you do not understand, asking questions at the appropriate time, following up all pending labs, images, consultations, etc, and being active participants on the team. Communicate with the chiefs about any questions or concerns regarding a patient.
 - Very important to recognize patients getting sick and call your chief.=
 - **Daily progress notes are to be done in the morning before going to the OR or clinic.**
 - Even if not scheduled for going to the OR, it is expected that after completing patient care that you participate in cases
 - When assigning Co-signatures for the attendings, it generally is the attending that rounded on the patients (who is usually the attending on call) that the notes should be sent to for co-signature.
 - Students are to be responsible for no more than 3 pts each. Students should be writing daily progress notes on patients. You can co-sign these notes and use the information to write your note since student notes are for documentation only and their learning experience.
 - Failure to complete paperwork on time will result in a delay on the Surgeon side and counts against the service by the hospital. This is extremely important for the first case start. Making sure paperwork is complete takes priority before morning rounds with Chief Resident.
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- On EPIC there is a Surg Onc 1 and a Surg Onc 2 list, as well as Surg Onc consults ongoing and initial. The Surg Onc 1 and 2 lists correlate to the service by attendings. It is a list that is autopopulated by EPIC. **HOWEVER**, in order for this to work out properly, you have to tell the clerk to make sure the patients are registered under surgical oncology with the specific attending.

**In preparation for cases if you have any questions, feel free to talk to the attending ahead of time to discuss details of the case. We can point you in the right direction if you have difficulty finding resources to prepare for cases.

Clinic duties

There are clinics every day during the service. It is expected that coverage to be arranged for each clinic. You are expected to be prompt to clinic as well. In the event that coverage cannot be arranged, **please notify attending.**

Dress code in clinic is to be business casual. For men, ties are not required. **No scrubs.** Only exception is if you are between cases at the OSC and covering clinic at the same time. When wearing scrubs you must have your white coat on as well. Dress code is important for establishing a professional environment in clinic.

Chaperone must be present for breast and rectal exams.

Clinic Documentation: *****DO NOT CUT AND PASTE PREVIOUS NOTES*****

- Use the surgical oncology smart texts located in epic. All smart texts and smart phrases for surgical oncology have the prefix “SSO”. There is a smart txt for any note in clinic. For new patients use the proper smart txt for the diagnosis. For cancer follow up before surgery, use the “SSO Surgical oncology follow up note”
- For postop breast and colorectal patients, use the “SSO Breast cancer follow up”, and “SSO Colorectal cancer follow up”
- There are 2 ways on epic to fill in the history on the patient so that subsequent notes can be auto-populated.
 - o Use the “History” navigator on the far left below synopsis. You can fill in all the pertinent history (pmhx, pshx, family hx, social, and OB history)
 - o On the “visit navigator” there is also a history navigator. It has all the same as above, except the OB history
- For new patients, a full review of systems and physical exam must be performed
 - o At least 10 systems on ROS must be reviewed. Patients generally fill this information out on forms. Epic makes this easy to do. **DO NOT USE** the option “pertinent items are noted in HPI”. There is a note writer function that makes this process very simple to point and click
 - o At least 9 systems on physical exam must be performed. There is a note writer function that makes this process very simple to point and click, and can also draw aspects of the exam as well.
- Notes must be done within **24 hours** from clinic end.
- For imaging just include the impression and pertinent information. Do not copy the entire report.
- For pathology, include the staging information. Below is the link for a tip sheet on how to stage using Beacon on EPIC. Residents can stage patients, but the attending has to cosign the staging information.
 - o <http://vip.mc.llumc.edu/vip/forms/Clinical/LLEAP/Training-Documents/Beacon-Cancer-Staging.pdf>

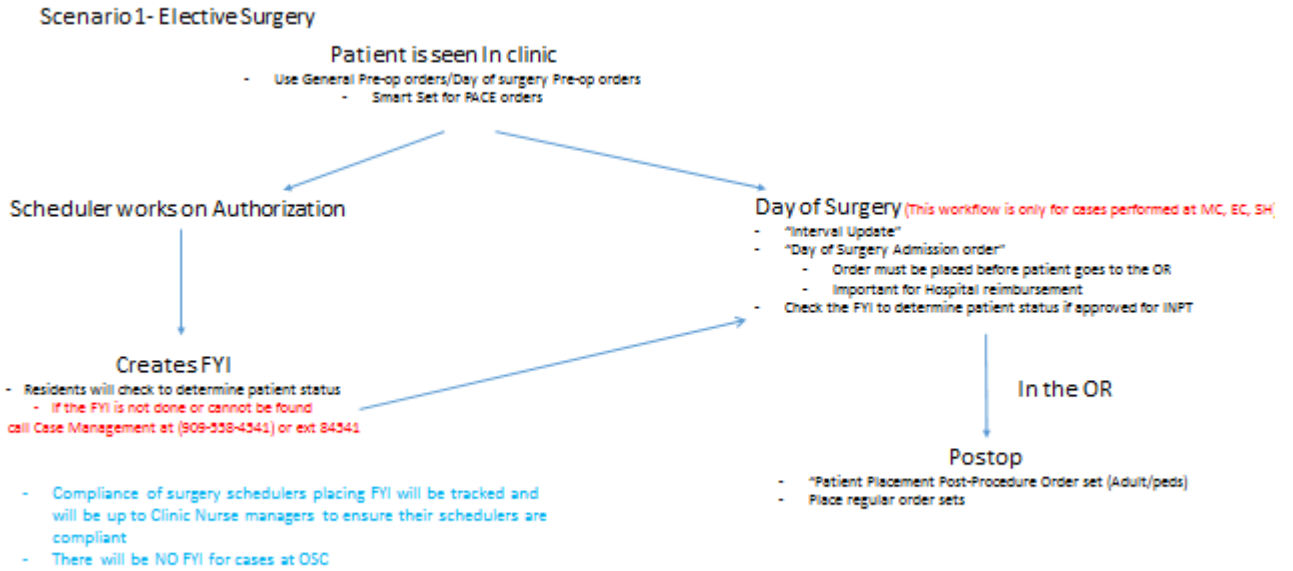
Clinical Trials

- The Loma Linda University Cancer Center (LLUCC) offers a number of clinical trials for patients with cancer. You should acquaint yourself with the available trials so that you can work with your attending to offer patients enrollment in these trials.
- The currently available clinical trials are available on the Cancer Center website: **llucc.org**, click on “Clinical Trials and Research”, and click on “Adult Clinical Trials” under “Current Clinical Trials”.

Biospecimen Lab

- The Surgical Oncology service is an active participant in Biospecimen lab collection. This is an IRB-approved process in which patients with cancer have the opportunity for their excess tumor tissue that is surgically removed to be used for molecular biology research to find new treatment and diagnostic modalities for cancer.
- Every patient that is having surgery to remove cancer is a candidate. When you perform the preop in the clinic, you should explain the Biospecimen lab to the patient, and obtain consent for tumor to be put into the Biospecimen lab. Consents are available in the preop packet, and also separately with other clinic forms.
- It should be rare that a cancer patient is not given the opportunity to place their tumor into the Biospecimen lab.

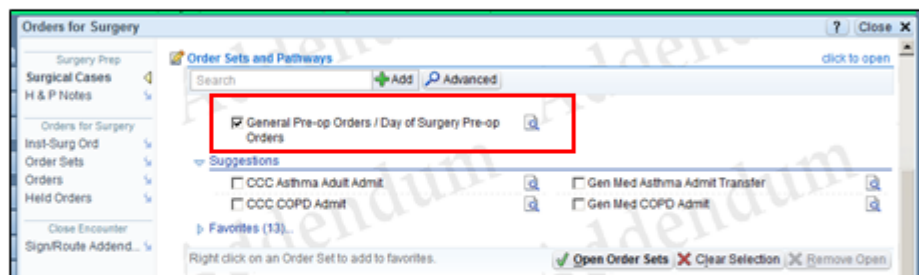
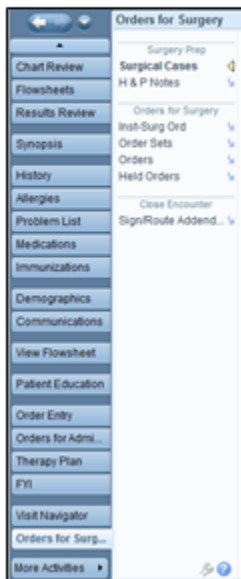
Current Work Flow changes utilizing LLEAP



Scenario 1- Elective Surgery

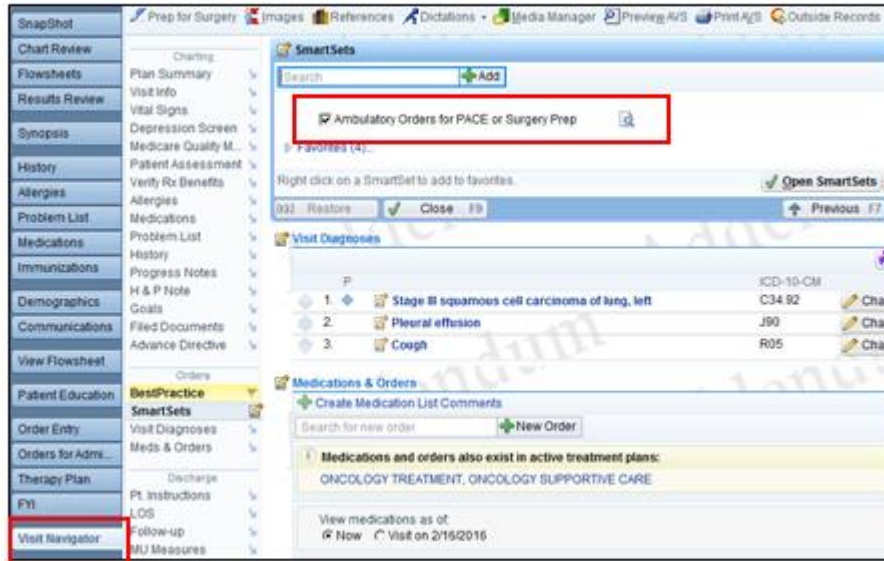
Patient is seen In clinic

- Use "General Pre-op orders/Day of surgery Pre-op orders" under the Orders for Surgery Tab
- Smart Set for PACE orders



Orders for Surgery can also be found with in the Visit Navigator.

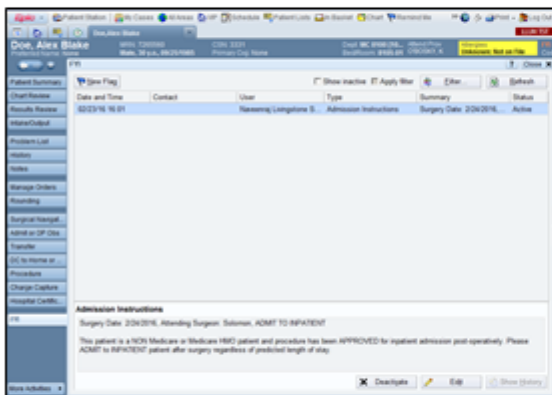
Scenario 1- Elective Surgery



Scenario 1- Elective Surgery

FYI Tab

- Surgery Scheduler Responsibility
- Informs surgeon if patient is approved for inpt care postop (Does not need to be done for OSC cases)



The main change for the FYI is that the schedulers will put a short descriptor for the surgical procedure approved for inpt not just the CPT code

Date and Time	Contact	User	Type	Summary	Status
01/28/16 11:24		Physician Surgery	Admission Instructions	Surgery Date: 2/4/2016, Attending Surgeon: Smith, Out Patient PLACE IN OPIC This patient is a NO...	Active
01/28/16 10:46		Physician Surgery	Admission Instructions	Surgery Date: 2/4/2016, Attending Surgeon: Nelson, This patient is a Medicare patient. NONE of the pr...	Active
01/28/16 10:46		Physician Surgery	Admission Instructions	Surgery Date: 2/2/2016, Attending Surgeon: Solomon, This patient is a MEDICARE patient. The patient...	Active
01/28/16 10:44		Physician Surgery	Admission Instructions	Surgery Date: 1/31/2016, Attending Surgeon: Mohr, ADMIT TO INPATIENT This patient is a NO/Me...	Active
01/28/16 10:37		Physician Surgery	Admission Instructions	Surgery Date: 11/30/2016, Attending Surgeon: Bottoms, ADMIT TO INPATIENT This patient has MED...	Active

Scenario 1- Elective Surgery

Day of Surgery

- Interval Update
- "Day of Surgery Admission Order"

Day of Surgery Admission Orders

GENERAL

Please Check FYI to See if Patient is Authorized for INPATIENT Admission Post-procedure
IF approved for INPATIENT admission post-procedure, check the "Pre-procedure Inpatient Admission" order.

Place in Peri-op

Pre-procedure Inpatient Admission

Pre-procedure Inpatient Admission

Accept Cancel

Transfer Service: [Search]

Questions:

Prompt	Answer
1. Admitting Physician	[Search]

Comments (F6): [Click to add text](#)

Why is this important?

- Patients approved for inpatient post-op care need to have admission orders prior to surgical procedure for hospital reimbursement
- FYI will let surgeons know if the procedure is approved for inpt postop care

Scenario 1- Elective Surgery

Postop Orders

- "Patient Placement Post-Procedure Order Set (adult/peds)"
- Hospital Certification is included in here (no separate note)
 - Postop Specialty Order Set

Type	Display Name	Record Name	ID
ADULT	Patient Placement POST-PROCEDURE Orders	LL IP ADULT PP PATIENT PLA...	304001326
PEDS	Patient Placement POST-PROCEDURE Orders	LL IP PEDS PP PATIENT PLA...	304001348

ADULT Patient Placement POST-PROCEDURE Orders — Required

Add Order

OPEC

OPEC Post-procedural Observation after OP Procedures Beyond Normal Expected Recovery Time
Use to monitor stable patients for post-procedure pain control or for patients with potential complications who do not have an active complication that meets medical necessity for Inpt Admission.

Place in OP Post Procedure Extended Recovery (OPEC)

TRANSFER

TRANSFER from PACU/Procedural Areas/4300 to Return an Already Admitted or Observation Patient Back to the Floor

TRANSFER Patient

ADMISSION

ADMISSION from PACU/Procedural Areas/4300 to Inpt

ADMIT to Inpatient

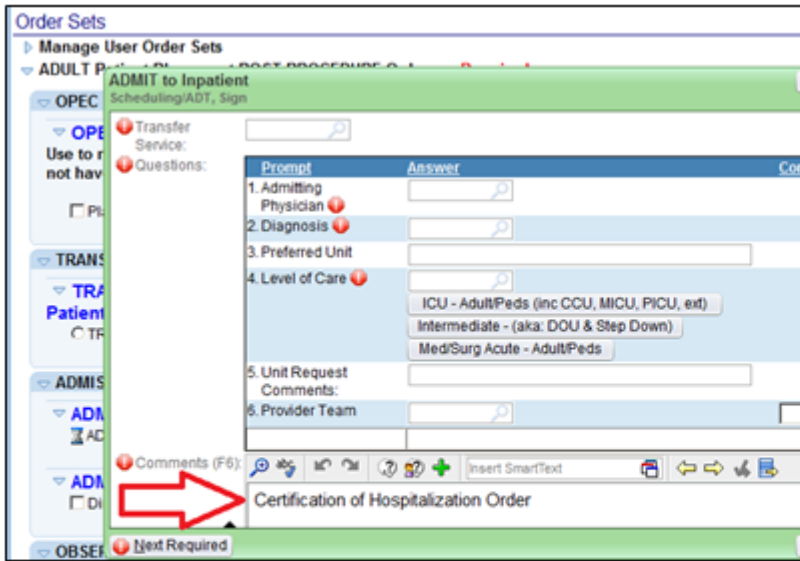
PEDS Patient Placement POST-PROCEDURE Orders

Add Order

OPEC

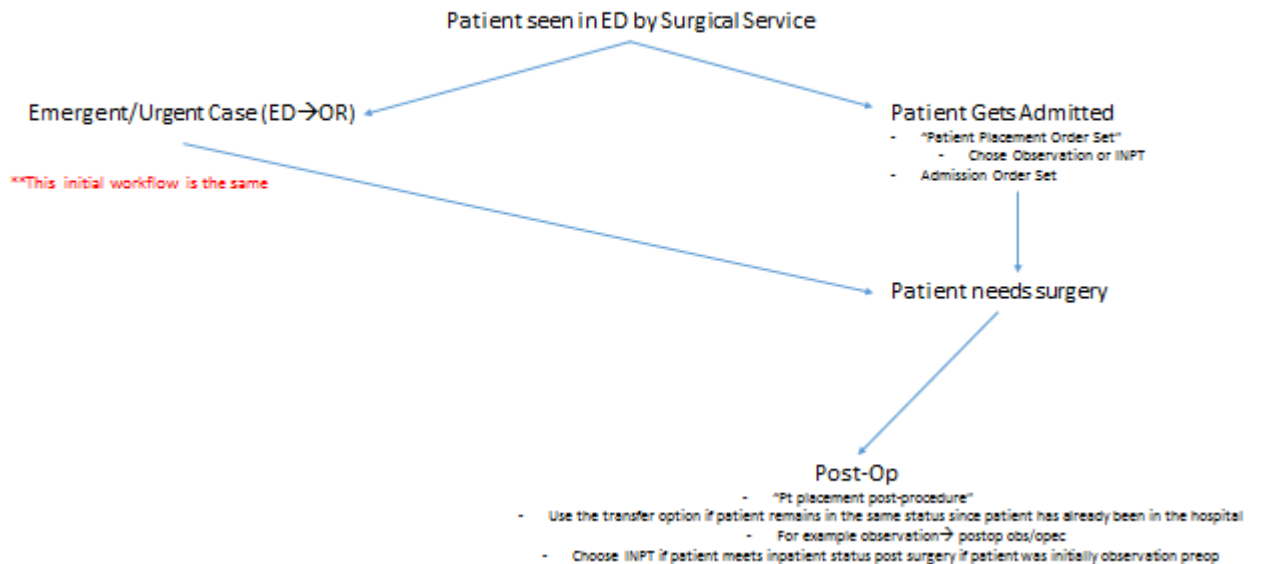
OPEC Post-procedural Observation after OP Procedures Beyond Normal Expected Recovery Time
Use to monitor stable patients for post-procedure pain control or for patients with potential complications who do not have an active complication that meets medical necessity for Inpt Admission.

Place in OP Post Procedure Extended Recovery (OPEC)



Certification is a hard stop; no separate note that needs to be signed by the Attending

Scenario 2- Emergency Room



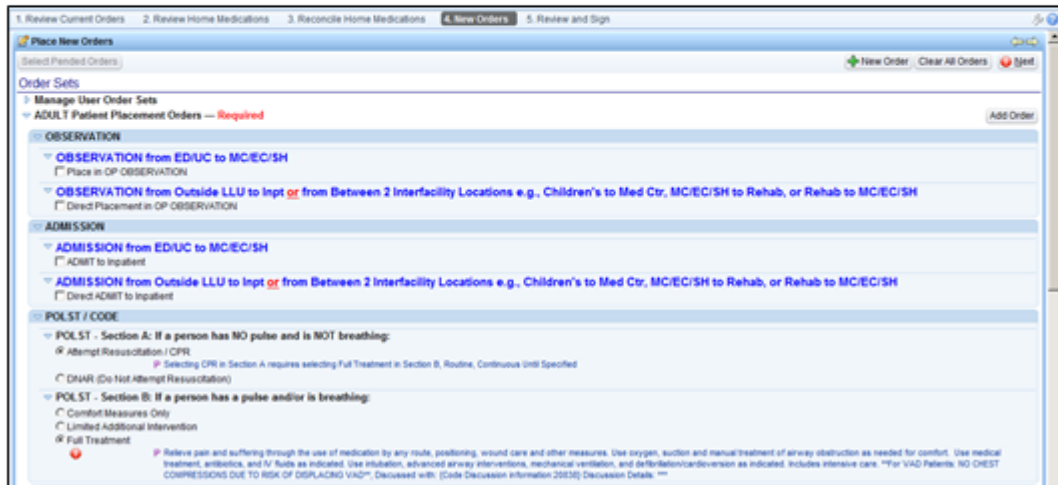
Scenario 2- Emergency Room

****Emergency cases****

- No Changes in workflow

Patient needing Admission

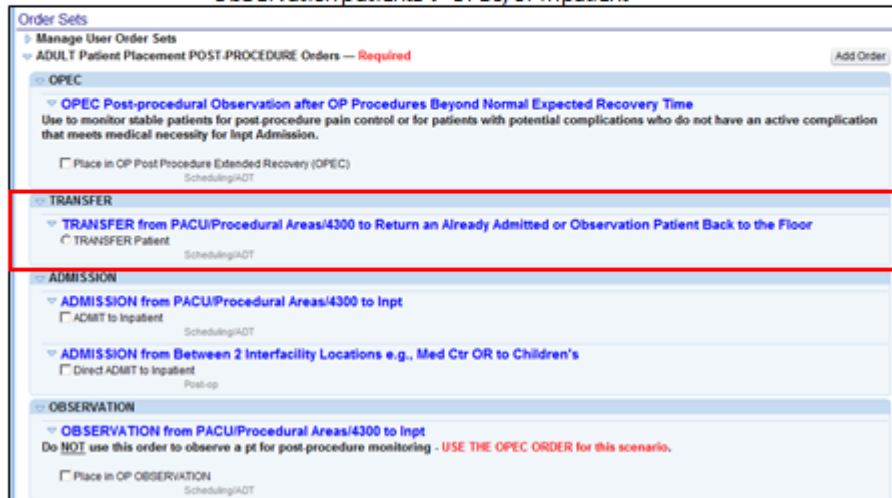
- "Patient Placement Order Set"
- Choose observation or inpatient status
- Specialty admission Order Set
- If patient needs surgery, place OR case request



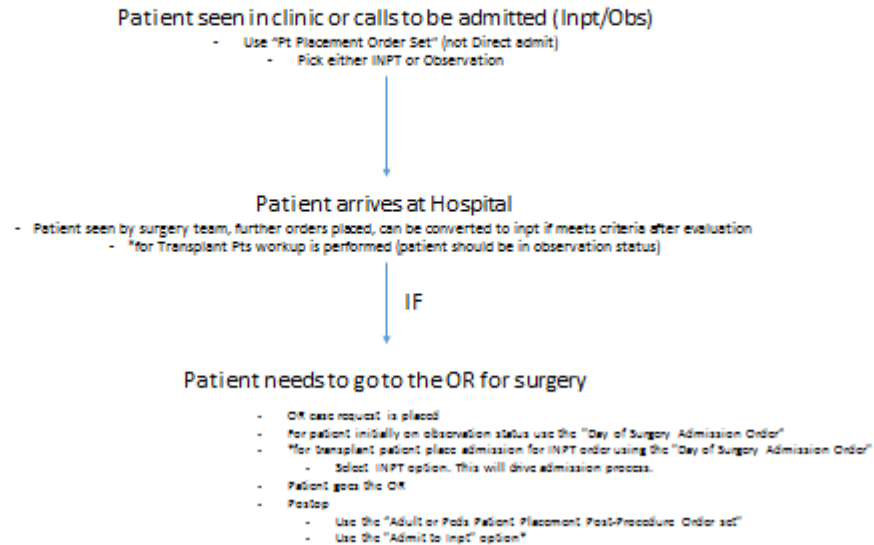
Scenario 2- Emergency Room

If patient goes to the OR from the floor or ED (non-emergency cases)

- "Patient Placement post-procedure"
- Use the Transfer Option if patient remains in the same status (inpt/obs) since patient is already admitted
 - Example: inpatient → inpatient
 - Observation patients → OPEC, or inpatient



Scenario 3- Direct Admission (Inpt/obs) from Clinic or Home



Scenario 3- Direct Admission (Inpt/obs) from Clinic or Home

- Patient seen in clinic or calls to be admitted (Inpt/Obs)
- Use "Pt Placement Order Set" (not Direct admit order set)
 - If patient is seen in clinic place orders under Orders for Admission Tab
 - If patient is at home and needs to be admitted (ex: Transplant Patient), use Orders Only Encounter, then click on Orders for Admission Tab
 - Choose either INPT or observation status based on condition for patient (*Transplant patients should be in Observation)
 - Place Specialty admission Order Set when patient arrives at the hospital floor
 - IF the patient needs to go to the OR, place OR case request for procedure.
 - If patient starts out on Observation status and based on procedure will be INPT postop (ex. Transplant Patients), place "Day of Surgery Admission Order" and select INPT option prior to patient going to the OR. **This is especially important if When these case go past midnight to the next day (some insurance will not reimburse with admission order placed the next day)**
 - Post-op use the "Patient Placement Post-op Order Set" and under Admissions section chose INPT
 - If the patient starts out on INPT and is going to the OR, do NOT place "day of surgery admission order", and post-op use the Transfer option on the Patient Placement Post-op Order Set since the patient is already admitted as INPT.

For Pediatric patients, there is no change in the workflow of patients seen in ED and going to CH. The only change is using "Peds Patient Placement Order Set" and "Peds Patient Placement Post-op Order Set" for the same reasons as adults.

If there are any further questions please contact Dr. Solomon (nsolomon@llu.edu)

Scenario4- Inter-facility Transfers

Patient is admitted as inpt in an outside facility and needs transfer to LLU
- LLU Physician contacted for Transfer

LLU Physician accepts the patient to be transferred to LLUMC

- LLU physician must immediately place admission orders
- Use the "Patient Placement Order Set" (adult/peds) under an Orders Only Encounter (creates sign and held orders) and choose admit as inpt

Patient arrives at LLUMC

- Floor nurse releases signed and held
- Physician assess the patient and place further speciality orders

- This workflow is important since many patients transferred from outside facilities do not have an actual admission order placed till the next day and there is loss of revenue
- By placing this signed and held order, the admission process starts the minute the floor nurse releases the orders

The screenshot displays a medical software interface for a patient named Wayne, Bruce. The main window shows the 'Orders for Admission' section with a sub-section for 'Order Sets and Pathways'. A red box highlights the 'ADULT Patient Placement Orders' option. Below this, there are several other order sets listed, such as 'ACS ICU Orders - ADULT' and 'Gen Surg ICU Orders - ADULT'. A separate inset window on the left shows a 'Patient Station' menu with '2 Orders Only' highlighted. A red arrow points from this menu to the 'Orders for Admi...' option in the main interface's left sidebar.

WEEKLY SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
	OR: Garberoglio, Senthil, Reeves	OR: Gomez, Lum	OR: Solomon, Lum	OR: Garberoglio, Senthil, Gomez	OR: Solomon
AM		7:30am – Conference Room A217 <ul style="list-style-type: none"> • Student Assignment • Discuss ill patients & new consults • Review complex cases for the week • Journal Club Clinic – Garberoglio, Senthil	Clinic – Gomez	Clinic – Solomon, Lum Clinic FMO- Raskin	MS3 Friday Lecture – Attendance Mandatory Clinic – Garberoglio, Lum
PM	4pm – Melanoma Tumor Board (2x/month) – Cancer Ctr, Room A217	Clinic – Reeves 5pm – General Tumor Board, Cancer Center, Room A217	Clinic – Namm	Clinic – Solomon, Lum Clinic FMO- Raskin 5:30pm – GI Conference (1 st Thursday of month) Room A217	Clinic – Garberoglio, Lum 2pm – Breast Tumor Board (students required) – Cancer Center, Room A217

Attending Contact Information:

SurgOnc 1

Garberoglio 909-553-3738
 Lum 909-557-3410
 Senthil 909-663-7612
 Namm 909-800-0330

SurgOnc 2

Reeves 909-420-5474
 Solomon 909-648-4669
 Gomez 909-856-1624
 Raskin 612-889-1698