Goals and Objectives

Introduction: Residents spend a majority of their time during our residency program working with faculty at UMMC. The rotations are structured so that each three month block at UMMC is spent working directly with a faculty member (primarily Dr. Dusenbery, Dr. Reynolds, Dr. Yuan and Dr. Cho). This apprenticeship-like structure allows for continuity of experience with the faculty member and his/her patients and opportunities to focus on different clinical aspects of radiation oncology in which each faculty members specializes.

Each faculty member has developed his/her own learning objectives and expectations for their rotation blocks. While there is some overlap among the three attendings, each has defined additional areas of learning and performance expected of residents rotating on his/her service. The special areas of emphasis when working with Dr. Dusenbery include: gynecologic and pediatric malignancies.

Dr. Dusenbery expects residents to:

- Follow your patients closely.
- Read about each of their diseases (a minimum of a book chapter possibly 1 article that pertains to them).

If something doesn’t make sense or you disagree, ask or challenge me. Take initiative and search for data that agrees with or challenges what you are being taught, and, feel free to share it with me. Residents are expected to actively participate in all aspects of patient evaluation, treatment and care.

Remember although one of my primary reasons for being here is to support, teach and guide your education, it is ultimately up to you to assure that you are learning and processing the information you require to go on to your next step of education and practice. You must have a responsibility to yourself and this will require self-motivation and work. If at any time you do not feel I am keeping up my end of the bargain or you are having trouble with anything, please call it to my attention.

Specific learning objectives are provided for each rotation with Dr. Dusenbery. The learning objectives are referenced to the appropriate ACGME core competencies: Patient Care=PC, Medical Knowledge=MK, Professionalism=Prof, Communication Skills=CS, Practice Based learning and Improvement=PBLI, and Systems-based practice=SBP.

First Block (Year 1 or 2): Upon completion of this rotation residents are expected to:

- Understand the natural history and anatomy of gynecologic tumors, sarcoma and common pediatric cancers (PC, MK, PBLI).
• Perform staging of gynecologic tumors, sarcoma and common pediatric cancers (PC, MK, PBLI).
• Learn the fundamentals of gynecologic brachytherapy (LDR & HDR).
• Know the details of your patient’s history and staging (PC, MK).
• Follow up on all ordered lab and imaging tests (PC, MK, SBP)
• Present a cogent history and brief pertinent physical assignment and treatment planning conferences (PC, MK, CS).
• Develop an initial treatment recommendation and plan (PC, MK, PBLI)
• Ask for and seek recommended reading and literature (MK, PBLI).
• Communication with Patients/Families - Open to discussions/requests of patient/family (PC, CS)
• Respectful behavior - Demonstrates mutual respect in patient/family interactions (PC, Prof, CS)

Second Block (Year 2 or 3): Upon completion of this rotation residents are expected to:

• Understand the major methods of treatment of gynecologic tumors, sarcoma and common pediatric cancers (PC, MK, PBLI).
• Perform accurate implant calculations (PC, MK, SBP, PBLI)
• Actively preplan and participate in all simulations and implants (PC, MK, SBP)
• Follow up on all ordered lab and imaging tests (PC, MK)
• Present a cogent history and brief pertinent physical plus assessment at treatment planning conferences (PC, CS, MK).
• Discuss treatment recommendation and plan (PC, MK).

Learner Performance Assessment: Resident performance on this rotation is assessed through:

• Attending evaluation of resident performance using global form.
• Direct observation of procedures
• Regular feedback from attending.
• Performance on mock oral exams

Note: Residents will be given Mock Orals near the end of each academic year and must receive a passing grade. If the mock oral demonstrates that the resident does not have an appropriate understanding of the topic for their level of training, then the resident will be asked to give a short talk to the group on a topic assigned by the supervising staff.

Text Books:
Devita Hellman, Rosenbunk: Cancer, Principle and Practice of Oncology
Leibel and Philips: Textbook of Radiation
Gunderson & Tepper: Clinical Radiation Oncology
Journals:
  • Journal of Clinical Oncology
  • International Journal of Radiation Oncology Biology and Physics
  • Seminars in Radiation Oncology

For this rotation, I have reviewed the following brachytherapy procedures:

Curator and Checker Source Preparation,
Loading and Logging.
Low Dose Rate Implant Emergency Procedures.

For this rotation, I have reviewed the Brachytherapy procedures: Curator and Checker Source Preparation, Loading, and Logging. Low Dose Rate Implant Emergency Procedures.