October 2012

To: Future residents rotating on gynecologic-oncology at the Royal Victoria Hospital

This is mainly for off-service residents since the OB/GYN residents already know this...

Here are a few pointers on activities and tasks on the Gyne Onc service. This is of course from my personal experience, not a formal orientation document, but at least it's a start!

1. WARD - F5W
    a. Usually there is a fellow, a senior GYN resident, a junior resident and two medical students on the team. The two staff surgeons are Dr Lucy Gilbert and Dr Kris Jardon.
    b. Rounds start at 7 am Monday to Thursday (Friday 8 am due to early tumor board), and are only done once during the day. If some patients are more concerning, it is expected that they be re-evaluated before the end of the day. There should be medical students on your team: they are very helpful to keep the charts up to date and coordinate discharges. Please ensure the list is appropriately updated daily (if not BID), this list is a Microsoft Word document located on the middle computer in the residents' room. Sign out has to be given to the night resident at 5pm, then you can leave.
    c. Ensure paraclinical exams (labs, imaging, biopsies, cultures, cytology) are prescribed as needed. Imaging and ultrasound/angio procedures have to be approved on the phone by a radiologist: if that fails, you can always try to go to the radiology department directly (S4 wing). NOTE: imaging has to be entered into Oacis before calling radiology, with the exception of Dopplers (vascular team) and pelvic MRI's (done at the MGH - NOT the RVH), which require a faxed consult form (the usual orange sheet).
    d. Consultants must be paged either by a medical student or a resident. When the consultant is aware, you must indicate "AWARE" on the top of the consult request and pin it on the clipboard beside the unit coordinator's desk.
    e. Ensure paramedical consultants (nutrition, TPN ***differs from nutrition!***, OT, PT, social services, acute pain service nurse, stoma nurse, wound care nurse) are requested early during a patient's admission. When you page them, specify that your are looking for professional "X" covering inpatients on F5W (otherwise, for example, you may get the outpatient physio clinic or the physio taking care of other floors). If this is not addressed, it will delay patient discharge (nurses will remind you about these issues on the day you hope to discharge your patient...)
    f. Things nurses may ask you to do on a routine basis: removing pigtails and drains, flushing blocked PICC lines with Alteplase, NG tube placement, removing central lines.
    g. Discharge: make sure you sign the CLSC forms, usually they will be completed by the liaison nurse. These CLSC forms are mainly for wound care, clip removal, Fragmin injections, Foley instructions.

h. Laparoscopic procedures usually leave POD #1-2, laparotomy usually leave POD #4-5, vulvectomies leave POD #4-5. Don't forget to D/C clips POD #14, and Fragmin prophylaxis until POD #28, to book appropriate appointments, to give enough Rx renewals, and to fill the discharge summary.

2. OR - on F8 or S5 wings, as specified on OR schedule available via F5W unit coordinator
    a. The OR occurs mostly on Mondays (MGH D8 floor theater B - "MIS" = robotic minimally invasive surgery), Tuesdays and Wednesdays. You should attend when possible: it also makes ward f-u easier.
    b. OK to go after rounding is done.
    c. You will probably scrub in.
    d. You are welcome to follow the surgical resection specimens to the pathology lab for frozen section interpretation.

3. CLINIC
    a. Clinic is usually on Thursdays and Fridays in F5.40 clinic adjacent to the ward. They're quite busy. Also OK to go after rounding the ward.
    b. You can see patients on your own then examine them with a staff or fellow.

4. TUMOR BOARDS
    a. Occur on Friday 7 am. (You will round the ward afterwards)
    b. They take place in the Duff underground building. Please ask a fellow how to get to this room, the itinerary is a maze!
    c. The tumor board cases are prepared by medical students, residents and the fellow. I recommend getting started on Wednesday in order to have all cases reviewed by a senior resident or fellow.
    d. Usually, the patient list is issued by the staff along with the fellow. You should have a complete list of patients by Tuesday (Wednesday makes the preparation a bit tight). When you get this list, you must bring the list to the secretaries taking care of the offices on F9.26 to pull out the patients' oncology charts (white) AND you have to fax this same list to medical records at Fax # 31656 in order to pull out the full hospital chart for the tumor board patients. To confirm that medical records has received your fax, please call Mildred #31214 to confirm that she can get the charts for you. Afterward, you have to get these charts in the A1 wing: the information in these archive charts (brown) complete the data in the oncology charts.
    e. You will notice you have *pre-op* patients and *post-op* patients to present.
        i. In summary, pre-op patients have not been evaluated by the board and have not had their surgery. It is essential you track down a detailed history on these new patients.
        ii. On the other hand, post-op patients have already been assessed in tumor boards previously, and there should be a pre-op tumor board typed available in Oacis. For the post-op tumor board cases, you may need to read through the

Operative Report on Oacis, or ask your fellow or staff, or skim through the chart. Sometimes, in the post-op presentations, the patient may already have received a first cycle of chemotherapy. To find out if they have, look into: My Computer - H: - public - Gilbert Gyn Onc - CHEMO. Look for the Excel file with your patient's name.

iii. In these tumor boards, there are surgeons, oncologists, radiation oncologists, radiologists, pathologists and pivot/research nurses. Keep your presentation logical and concise (insist on pt's HPI and investigations, suggest reverse chronological order). Recent imaging will usually be presented by the radiologist. The pathology slides will also be presented by the pathologist.

f. Refer to tumor board template attached as a Word document.

5. GRAND ROUNDS
    a. Thursdays 8am (finish round before this activity)
    b. Breakfast and coffee is included.
    c. Usually lasts one hour, located on F3 Primrose Amphitheatre.

6. USEFUL NUMBERS / LOST?
    a. Most relevant numbers are on the ward patient list and on the whiteboard on F5W.

Hoping that this helps and that you make the most of your rotation!

Regards,

A.G., resident