	University of Illinois, Metropolitan Group Hospitals
Resident Name:	PGY: 1 2 3 4 5

Comprehensive Perioperative Breast Care (OSCA)

PREOPERATIVE EVALUATION

1. **Complete history with documentation of risk factors and understanding of the Gail Model with understanding of his risk implications and treatment**

Lists Accurately	Knows more than 75%	Knows less than 75%
3	2	1

Initial Consult:
    1. Detailed history – Palpable vs. screening, h/o skin/nipple involvement
    2. GYN history – Gx,Px, onset of menarchy/menopause, age of first pregnancy
    3. Detailed family history – Breast, ovarian and colon cancers
References:
1. http://bcra.nci.nih.gov/brc/q1.htm

2. AM Martin, BL Weber, Genetic and Hormonal Risk Factors in Breast Cancer, Journal of the National Cancer Institute, 2000, 92:14, 1126-1134
   http://jncicancerspectrum.oupjournals.org/cgi/reprint/jnci;92/14/1126.pdf

3. MH Gail, LA Brinton, DP Byar, DK Corle, SB Green, C Schairer, and JJ Mulvihill Projecting individualized probabilities of developing breast cancer for white females who are being examined annually, J Natl Cancer Inst, 1989; 81: 1879-1886
   http://jncicancerspectrum.oupjournals.org/cgi/reprint/jnci;81/24/1879.pdf

2. **Utilize NCCN Guideline resources on line.**

Uses throughout rotation	Uses occasionally	Uses once
3	2	1

    1. Create a user ID and login
    2. Use website to formulate treatment plans
    3. Use website for breast conference presentations
References:
    1. www.nccn.org

3. **Physical Exam of normal and abnormal breast pathology with explanation of examination to patient and attention to modesty**

Identifies Accurately	Identifies more than 75%	Identifies less than 75%
3	2	1

References:
    1. Clinical Breast Examination: Practical Recommendations for Optimizing Performance and Reporting, Saslow

et al, CA Cancer Journal Clinic 2004; 54:327-344
http://caonline.amcancersoc.org/cgi/content/full/54/6/345

4. **Exam of axilla, palpation of normal and abnormal lymph nodes, locations and clinical implications.**

Identifies Accurately	Identifies more than 75%	Identifies less than 75%
3	2	1
*See reference for Objective 2		

5. **Evaluation of 20 mammograms, discuss and diagnose pathology**

Lists Accurately	Knows more Than 75%	Knows less than 75%
3	2	1
References: 1. Radiologic Clinic of North America 24 (2004) 853-870 2. http://www.birads.at/		

6. **Ability to perform focused ultrasound of the breast and demonstrate proficiency in diagnosing focused breast pathology-completed 15 by end of 5th year rotation including palpable and non-palpable lesions**

Of attempts Successful 90%	75% of attempts Successful or more	less than 75% Unsuccessful
3	2	1
References: a. Surgical Clinics of North America 84 (2004) 1001-1034 b. www.acssurgery.com Section 4/ Chapter 35-Ultrasonograpy: Surgical Applications		

7. **Completion of OSAT on stereotactic breast biopsy at St. Francis Hospital**

Pass		Fail
3		1
N/A		

8. **Ability to perform core needle biopsy both with and without ultrasound guidance**

Pass		Fail
3		1
N/A		

9. **Understand the diagnostic and management principles of benign breast disease, including PASH, SMOLD, Phyllodes/Fibroadenoma, Fibrocystic, and Papilloma.**

Understands all of benign breast disease	Understands 75% of benign breast disease	Understands only the most common of benign breast disease
3	2	1
References: a. www.acssurgery.com Section 3/ Chapter 9-Ultrasonograpy: Surgical Applications b. Schwartz 9th ed. Ch 17		

INTRAOPERATIVE EVALUATION

10. **Master the concept of placement of appropriate incision**

Demonstrates 9-10/10	Demonstrates 7 or more/10	Demonstrates less than 7/10
3	2	1
References: 1. www.acssurgery.com Section 3 / Chapter 5 - Breast Procedures 2. Schwartz 8th edition p 485-487		

8. **Demonstrates knowledge of appropriate margin of resection**

Demonstrates 9-10/10	Demonstrates 7 or more/10	Demonstrates less than 7/10
3	2	1
References: 1. E Singletary, Surgical Margins in Patients with Early-Stage Breast Cancer Treated with Breast Conservation Therapy, American Journal of Surgery, 184(5), Nov 2002, 383-391 2. W. Dooley and J. Parker, Understanding the Mechanisms of Creating False Positive Lumpectomy Margins, American Journal of Surgery, 190(4), Oct 2005, 606-608		

9. **Understands the basic and applied science of sentinel node with the ability to perform appropriate injections, as well as identification and excision of the SLN**

Demonstrates 9-10/10	Demonstrates 7 or more/10	Demonstrates less than 7/10
3	2	1

References:
1. HS Cody, Sentinel Lymph Node Mapping in Breast Cancer, Oncology, 1(13):25-34, 1999
http://www.cancernetwork.com/journals/oncology/o9901a.htm
2. LG Wilke and A Guiliano, Sentinel Lymph Node Biopsy in Patients with Early Staged Breast Cancer: Status of National Clinical Trials, Surgical Clinics of North America, 83(4): 901-910, Aug, 2003

10. Has performed at least 50 breast biopsies, 20 sentinel node, and 5 modified radical mastectomies prior to finishing rotation as a 5ᵗʰ year at Mercy and demonstrates timely operative dictations

Completed successfully	Completed 75%	Unsatisfactory
3	2	1

*Please attach operative log

POSTOPERATIVE EVALUATION

11. Recognition of post-operative seroma, hematoma, infection and normal post operative changes

Identified 4/5 or more	Identified 3/5	Identified less than 3/5
3	2	1

Reference:
1. Townsend 17th edition, p298
2. Hashemi, E, Seroma Formation After Surgery for Breast Cancer, World Journal of Surgical Oncology, Dec 2004, 2(1):44

12. Demonstrates the ability to appropriately aspirate seroma with   appropriate explanation to patient

Successfully drained 3/3	Successfully drained 2/3	Unsuccessful
3	2	1

*Refer to reference for Objective 11

13. Interpretation of pathology report along with markers with demonstration of an appropriate plan of action

Correctly interprets 9-10/10	Correctly interprets 7 or more/10	Correctly interprets less than 7/10
3	2	1

References:
1. Kumar and Robbins, 7th edition
2. Singletary et al, Surgical Clinics of North America, vol 83 (4), Aug 2003
3. Linjawi, A, Prognostic Significance of p53, bcl-2, and Bax expression in Early Breast Cancer, Journal of the American College of Surgeons, Jan 2004, p83-90

14. Demonstrates the ability to formulate appropriate follow-up plans including:
- **Documentation of return visit**
- **Explanation of hormone/chemotherapy/radiation treatment**
- **Timing of reconstruction if desired**
- **Re-imaging**
- **Appropriate referrals**

States accurately 9 or more patients	States accurately 7-9 patients	States accurately less than 7 patients
3	2	1

References:
1. www.acssurgery.com Section 3-Breast Complaints, D.S. Lind, June 2004
2. Grunfeld et al, Cancer Medical Association Journal, Volume 172, May 2005, Pages 1319-1320

GLOBAL ASSESSMENT

1. Shares learned skill with students and juniors

Observed teaching multiple occasions	Observed teaching at times	Works independently
3	2	1

2. Connects with patients and family members

At least 5 complementary patient evaluations	2-4 complementary evaluations	negative comments by patients
3	2	1

3. Solid attendance in OR and clinic

Present 100%	Present 75%	Present <75%
3	2	1

Mock Oral		
4th Year	☐ Pass	☐ Fail
5th Year	☐ Pass	☐ Fail

ABSITE-Breast Topics	
1st year	_____Score
2nd year	_____Score
3rd year	_____Score
4th year	_____Score
5th year	_____Score

Evaluators

_____   _____
Dr. Alejandra Perez-Tamayo, MD   DATE
Vijay Maker, MD, FACS