1. Surgical Oncology: Head and Neck

Goals and Objectives

FOD, Core TTP:

a) Knowledge

- Well organised understanding of parathyroid, thyroid,salivary glands and anterior and posterior triangles anatomy, pathology and pathophysiology see as per specific RCPSC goals of training in General surgery)

b) Skills

- Mastery of basic physician skills related to thyroid, salivary gland and parathyroid pathology
- Introduction to thyroid, parathyroid, salivary gland specific surgical procedures with graduated performance in the operating room appropriate for the stage of training
- **At the end of this rotation the Resident in Surgical Foundations/ TTD will be able to:**
- Manage the ward with the guidance of a senior/chief resident.
- Recognize most common post-operative complications related to parathyroid, thyroid and salivary glands and deal with them appropriately. Arrange and facilitate efficient investigation of patients in the emergency department and on the surgical ward.
- Competently initiate opening and closing skin incisions
- Undertake simple skin and soft tissue biopsies
- Fine Needle aspiration of neck nodes and masses.
- **At the end of this rotation the Resident in Core and Final Year will be able to (more details are found below):**
- Manage the ward, and perform in-patient and outpatient consultations, and provide outpatient follow up care
- Participate in the care of common and complex parathyroid, thyroid and salivary gland surgery
- Able to competently assist in complicated to parathyroid, thyroid and salivary glands surgery and perform pedagogically the operation.

c) Attitudes

- Function as a coordinator and supervisor of junior house staff and students on the surgical oncology service, of which head and neck is a part, involving preoperative, intraoperative and postoperative patient management delivered in step down unit, ICU and on the ward

- Communicates effectively with patients and families, colleagues & allied health professionals
- Professional behaviours (honesty, reliability, & confidentiality)

d) Academics

RC Competencies:

a) MEDICAL EXPERT

At the conclusion of the transition to practice the resident should meet all of the following objectives in spite of variations in rotation durations and resident exposure to breast surgery.

1.4.1.17 Surgical anatomy, including arterial supply, venous and lymphatic drainage, and innervation of:
Major structures of the neck, including the triangles of the neck, major arteries, veins, nerves, and lymph node groups
Thyroid gland, including its relationships to other structures, its arterial supply and venous drainage, and the location of the superior laryngeal nerves and recurrent laryngeal nerves
Parathyroid glands, including the typical and atypical locations of the glands
Salivary glands, including the parotid and submandibular glands, and their ducts

Physiology

1.4.3.11 Thyroid gland Graves disease, thyroid storm, Hashimoto's disease, hyper/hypo thyroidism, solitary thyroid nodule, multinodular thyroid gland, thyrotoxicosis
1.4.3.12 Parathyroid gland

1.4.6. **Principles of oncology** as it relates to Thyroid and salivary gland tumours1.4.6.1-9 (details see General RSO)

Perform a patient-centered clinical assessment in the area of head and neck problems and establish a specific management plan

2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion.

2.2.1. Gather a relevant clinical history 2.2.2. Identify and interpret the clinical significance of findings in a physical examination 2.2.4. Select appropriate methods to stage malignancies 2.2.5. Select and interpret medical imaging 2.2.5.1. Radiography 2.2.5.2. Ultrasonography 2.2.5.3. Computed tomography (CT) 2.2.5.4. Magnetic resonance imaging (MRI) 2.2.5.5. Nuclear imaging 2.2.5.6. Positron emission tomography (PET) 2.2.6. Interpret the clinical relevance of laboratory and pathology reports 2.2.7. Determine the indications for, and benefits and risks of surgical intervention for the clinical presentation 2.2.8. Assess peri-operative risk Establish goals of care in collaboration with patients and their families1 2.3. , which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation 2.3.1. Identify opportunities for advance care planning discussions and explore the patient's values, wishes and preferences related to end-of life-care 2.3.1.1. Apply knowledge of settings for end-of-life care, including home, hospice, palliative care units, and hospital.

Establish a patient-centered management plan, including non-operative, preoperative, operative, and postoperative care for patients with the following conditions:

Lymph nodes

2.4.54 Conditions affecting lymph nodes, including inflammatory, infectious and neoplastic diseases
Head and Neck
2.4.79 Cysts of the neck
2.4.80 Hyperparathyroidism
2.4.81 Hyperthyroidism and hypothyroidism
2.4.82 Neoplasms of the head and neck, including benign, premalignant and malignant
2.4.83 Neoplasms of the salivary glands including benign and malignant
2.4.84 Neoplasms of the thyroid gland, including benign and malignant

Plan and perform procedures and therapies for the purpose of assessment and/or management

3.1.2. Screening and surveillance for malignancies
3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
3.2.1. Recognize and address challenges arising in emergency situations and when patient capacity to provide consent is limited

3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources 3.3.1. Triage patients appropriately for emergent, urgent or elective care and interventions 3.3.2. Select patients appropriately for intraoperative pathology consultations
3.4. Perform procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances

Diagnostic Procedures and technical skills specific to Head and Neck surgery

Fine needle aspiration (FNA), core needle biopsy, and incisional biopsy of

3.4.1.lesions of the skin and soft tissues, *lymph nodes*, breast, liver, spleen, peritoneum, and omentum
3.4.3. Excisional biopsy of skin, breast, soft tissue lesions and *lymph nodes*
3.4.5 Tissue sampling for diagnosis of malignancies, including optimal handling of specimens for evaluation by pathologists and other laboratory professionals
3.4.5.1 Lesional sampling for intraoperative pathology consultation

Perform:

3.4.87 Thyroidectomy
3.4.88 Parathryroidectomy
The below are specific to this training program:
Tracheostomy (also experience in Head and Neck rotation: Desirable)
Various modified and radical lymph node dissections (Desirable)
Laryngectomy (Awareness)
Radical and ablative surgery of Head and Neck (Awareness)
Reconstruction of Ablative surgery of Head and Neck (Awareness)

Provide perioperative care and surgical management in collaboration with a subspecialty surgeon

3.5.32 Thyroglossal duct cyst excision
3.5.33 Lateral neck dissection
3.5.34 Central lymph node dissection
3.5.35 Operative management of ranulas and mucoceles

Establish plans for ongoing care and, when appropriate, timely consultation

4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (Summarize the major considerations for post-mastectomy breast reconstruction)
4.1.1. Identify indications for consultation with other health care professionals
4.1.1.1Provide referral for advanced operative or endoscopic procedures.
4.1.1.2 Identify indications for and timing of consultation with medical and/or radiation oncologists
4.1.2. Provide follow-up on results of investigations and response to treatment
4.1.3. Recognize and manage complications
4.1.4 Provide management of and/or referral for end-of-life care

Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

5.1 Recognize and respond to harm from health care delivery, including patient safety incidents
5.2 Adopt strategies that promote patient safety and address human and system factors
5.2.1 Participate and/or lead in a pause or checklist immediately before surgical .incision
5.2.2 Apply strategies to enhance patient and provider safety and reduce the risk of complications from surgical interventions

For outline of the other competencies and EPA's see general RSO