# **Rotation Specific Objectives - Orthopaedic MSK Oncology**

The following document is intended to guide you in some of the specific knowledge and skills you should develop on this rotation. This document is intended to augment but not replace the "Objectives of Training and Specialty Training Requirements in Orthopedic Surgery" and the "Specific Standards of Accreditation for Residency Programs in Orthopedic Surgery". A copy of these documents is supplied in your residency handbook and is also available on the Royal College website.

The resident is expected to be able to describe the rotation specific objectives prior to or at the commencement of the rotation.

It is understood that a residency in Orthopaedics is a continuum. Senior residents will be able to meet the same objectives as junior residents as well as the senior objectives.

### 1. MEDICAL EXPERT

# 1.1. Cognitive and Diagnostic

- 1.1.1. Junior/Senior Resident
- 1.1.1.1 Obtain appropriate history and perform physical examination relating to a tumour and be competent in assessing the following:
- 1.1.1.1. Size of the tumour and its relationship to fascia
- 1.1.1.1.2. Neurovascular and articular involvement
- 1.1.1.3. Lymphatic involvement
- 1.1.1.1.4. Sites of metastatic potential for primary MSK tumours
- 1.1.1.5. Organs systems likely to metastasize to the MSK system
- 1.1.1.6. Tumour characteristics including issues specific to age and gender
- 1.1.1.2. Describe the different tumour classes and their behaviour:
- 1.1.1.2.1. Primary lesions
- 1.1.1.2.2. Benign
- 1.1.1.2.3. Benign Aggressive
- 1.1.1.2.4. Malignant
- 1.1.1.2.5. Metastatic lesions
- 1.1.1.3. Describe the presentation, radiologic characteristics and natural history of the most common primary bone tumor types:
- 1.1.1.3.1. Chondroid lesions
- 1.1.1.3.2. Osteoid lesions
- 1.1.1.3.3. Fibrous lesions
- 1.1.1.3.4. Others- unicameral bone cyst, hemangioma, histiocytosis, lipoma, eosinophilic granuloma, giant cell tumour, aneurysmal bone cyst, ewings sarcoma, adamantinoma, chordoma, hemangiopericytoma
- 1.1.1.4. Describe the presentation, radiologic characteristics and natural history of different primary soft tissue tumour types:
- 1.1.1.4.1. Fibrous lesions
- 1.1.1.4.2. Lipoid lesions
- 1.1.1.4.3. Muscle lesions
- 1.1.1.4.4. Vascular lesions
- 1.1.1.4.5. Nerve lesions

- 1.1.1.4.6. Others myxoma, fibrosarcoma, malignant fibrous histiocytoma, pigmented villonodular synovitis, giant cell tumour of tendon sheath, myositis ossificans, tumoral calcinosis
- 1.1.1.5. For a given MSK tumour:
- 1.1.1.5.1. Formulate a differential diagnosis and stage the tumour (according to the Enneking Musculoskeletal Tumour Society (MSTS) System)
- 1.1.1.5.2. Describe the appropriate biopsy principles of MSK tumours.
- 1.1.1.5.3. Formulate a treatment plan for the different tumour types
- 1.1.1.5.4. Describe the multidisciplinary approach to
- 1.1.1.5.4.1. curative treatment
- 1.1.1.5.4.2. palliative care
- 1.1.1.6. Formulate treatment plans for complications in MSK oncology surgery.

#### 1.2. Technical

- 1.2.1. Junior/Senior Resident
- 1.2.1.1. To be able to perform with proficiency:
- 1.2.1.1. Open biopsy of bone and/or soft-tissue lesion
- 1.2.1.1.2. Stabilization of metastatic disease
- 1.2.1.1.3. Treatment of common benign tumors

### 2. COMMUNICATOR

- 2.1. Deliver information to patients and family in a humane manner so that the patient and family understand the options of care and are able to participate in the decision-making process
- 2.2. Demonstrate an ability to listen effectively and address patients concerns
- 2.3. Develop strategies for delivering bad news and discussing end of life decisions
- 2.4. Effectively communicate with others involved in the multidisciplinary care of the oncology patient
- 2.5. Provide timely and appropriate consultation as requested

#### 3. COLLABORATOR

- 3.1. Describe the roles and responsibilities of the members of a multidisciplinary oncology team
- 3.2. Develop a working relationship with the appropriate pathologist and radiologist
- 3.3. Participate in Morbidity and Mortality rounds
- 3.4. Describe support groups in the community who can assist the oncology patient and their families

### 4. LEADER

- 4.1. Prioritize the investigation and management of the oncology patients
- 4.2. Understand the balance of allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care
- 4.3. Describe appropriate waiting times for the oncology patient

#### **5. HEALTH ADVOCATE**

- 5.1. Understand the risk factors associated with the development of a malignancy
- 5.2. Describe strategies to decrease the societal risk of malignancy
- 5.3. Communicate to patients their individual risk factors

## 6. SCHOLAR

- 6.1. Pose a research question and describe how they would go about answering the question
- 6.2. Prepare and present an appropriate lecture/presentation including critical appraisal of the literature; describe how this information could be integrated into practice

# 7. PROFESSIONAL

- 7.1. Demonstrate ethical practice in the management of the oncology patient including respect for issues regarding gender, ethnicity, religion, age and cultural.
- 7.2. Demonstrate honesty, integrity, commitment, compassion, respect and altruism