Clerkship Title: GENITOURINARY ONCOLOGY

Location: Norris Cancer Hospital
Credit Level: Selective C or Elective

Course Director: Donald Skinner, M.D.
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Length of time: 4 or 6 weeks
Dates offered: all year
Number of students: 2
Visiting students from other US medical schools? n/a
Prerequisites: Not mandatory, but preferred that the student has completed the core clerkship in General Surgery, as well as core Urology (3-week surgical specialty core clerkship)

Place and time to report on first day: Norris, 4th Floor ICU at 7:00 a.m.

Textbooks/Availability:
1. Diagnosis and Management of Genitourinary Cancer, Skinner and Lieskovsky, W.B. Saunders, 1988
2. Cambell’s Urology, 1997

Textbook/reading sources available in department library

Learning Objectives – At the conclusion of the clerkship the student should be able to:
1. Goals: Introduce the student to the management of patients with genitourinary tumors, with emphasis on major surgical procedures and urinary tract reconstruction. Expose students to pre-and postoperative care of such patients, including fluid and electrolyte management, wound care, bowel function, management of catheters and drains, and management of the more common surgical complications. Encourage a detailed understanding of the anatomy of the pelvis, abdomen and retroperitoneum, with special emphasis on important surgical relationships.
2. Objectives:
a. Develop a detailed understanding of the surgical anatomy of the abdomen, retroperitoneum and pelvis, especially as it relates to the urinary tract.
b. Perfect clinical skills in surgical history taking, physical examination, and formal and informal case presentation at the bedside.
c. Learn the basic natural history, presenting symptoms and signs, diagnostic work up, and treatment options for urologic malignancies, including cancer of the bladder, prostate, testis, and kidney.
d. Become familiar with surgical approaches to these diseases, as well as common surgical complications. Develop clinical skills for diagnosis and management of such surgical complications as infection and sepsis, hemorrhage, pulmonary embolus, urinary leakage, ileus and bowel obstruction, and organ system failure.
e. Develop preliminary surgical technical skills, including surgical assisting, know tying, and wound care and minor bedside procedures.

Course Description:
Instructional methods:  30% supervised patient care
10% attending rounds/ small group discussion
20% independent study
40% OR with Dr. Donald Skinner

Supervision:  50% house staff
10% fellows
40% faculty

Skills Taught:
1. Critical thinking:
   a. Patient management under supervision with appropriate level of independence.
2. Review of medical literature for clinical problem solving:
   a. Students present a topic at grand rounds and consult literature regularly to address clinical questions.
3. Technical/procedural skills:
   a. In OR daily with Dr. Donald Skinner, procedures on ward (iv, central lines, drain and wound management, catheters) supervised by house staff.

Student Performance/Assessment:
1. How will students be informed of expectations and methods of evaluation?
   a. At orientation on the first day.
2. How will students be evaluated on their performance and who will write the evaluation?
   a. Students will be evaluated by house staff and faculty.
3. How will students be given feedback on their performance?
   a. Students will meet with Dr. Skinner for feedback and informal feedback from residents and fellow.