CURRICULUM for HEMATOLOGY & ONCOLOGY

Welcome to the Department of Medicine Oncology-Hematology rotation. The objective of this rotation is to expose you to patients with, and educate you as to the clinical approach to, the most common cancer types and hematologic problems. During this rotation you will keep a "porfolio" to document that you've seen cases and performed the background reading necessary to understand various disease processes. This portfolio will become the record of your rotation and can be added to your overall residency portfolio. Your weekly schedule is as follows:

Monday	Tuesday	Wednesday	Thursday	Friday
8-9 AM : T-7 consults 9-11: Inpt Rounds 11-12: MR report	**7:30 Cancer conference 8-9 AM : T-7 consults 9-11: Inpt Rounds 11-12: MR report**	**8-9 AM :Cancer conference 9-10: MR 10-12: Inpt rounds**	**8-9 AM : T-7 consults 9-11: Inpt Rounds 11-12: MR report**	**8-9 AM : T-7 consults 9-12: Inpt Rounds**
Noon conference	Noon conference	Noon conference	Noon conference	Tumor Board
Oncology: Dr. Folman's office	Hematology: Office	Oncology: Dr. Folman's office in Trumbull	Hematology: Dr. Witt's office	Oncology: Fairfield Onc

Attendance at conferences is mandatory. You will be encouraged to present a case for Tumor Conference and Hematology Conferences. Contact the secretary of the Cancer Institute (Elizabeth Griffin 203-384-3904) to get the conference schedule for the block. Finally, each month one type of cancer will be discussed in morning report – you will be responsible for checking with the chief resident at the beginning of each month to determine what type of cancer and when your report will be scheduled. You will: 1. need to present a representative case, 2. arrange for an oncologist to come to report, and, 3. prepare a presentation on the subject.

Please remember that in the offices of private physicians you are representing their practice. You should arrive at the outpatient offices by 1:15 PM; try to get there 10 minutes early to assure you're on time. You MUST be well dressed, shaved and with a white coat (no scrubs or scruffy appearance). Since clinicians will be expecting you, it is your responsibility to notify the office at least one week ahead if you cannot attend clinic following call. Since the call schedule is available ahead of time, you should be able to let offices know in the first couple days of the rotation, the days you cannot be there. Private clinicians will ask you to see new and follow-up patients who are instructive to the goals of this rotation.

At the start of the rotation you should notify Dr. Folman's secretary 203 459-0262 to page you with the new inpatient contults. Each morning you should arrive before 8 AM and check with the Staff consultant hematologist to determine if there are any new consultations that need to be done. If there are none (or he/she cannot yet be reached), you should call Dr. Folman's (459-0262), Dr. Witt's (334-7400) or Dr. Reznikoff's (255-4545) offices to determine if there are any new cases/consultations that you can see. If there are no cases, go to the West Tower 7 and ask the charge nurse if there are any new cancer admissions. You should choose 1-2 cases, go to the patients, explain that you are a doctor in training and ask if you can interview and perform a partial pertinent physical examination. You do <u>not</u> need to write a note unless you are asked by the attending physician to do so. You should however contact the oncologist/hematologist, identify yourself as the resident on the rotation and ask if they have time to briefly discuss the

case. These cases (and those from clinics) should be used to compile your portfolio.

The portfolio approach entails using a patient you see as a point of departure for further reading and documentation of your understanding of the disease, approaches to diagnosis/management and prognosis. It will be your responsibility to assure that you see at least one patient with the included problems (simply ask attendings to arrange for you to see cases that are required to complete your portfolio). Obviously the portfolio could be completed in a very superficial fashion without studying about each topic. However, your grade at the end of the rotation will reflect the rigor with which you approach the rotation (clinically) AND that with which you approach completion of the portfolio. You will note that there are prepared forms for cancers which we feel are the minimum for you to cover during the rotation. There are extra forms for other cancers that you encounter. At the end of the rotation, you will discuss your portfolio with Dr. Robert Folman regarding the oncology cases in the portfolio and Dr. David Witt regarding the hematology cases.

You will receive pocket handbooks of hematology and cancer management from which you are expected to read (in addition to chapters in medical texts on each of the major subjects in this portfolio).

Trainee's Name ____________________ **Date** ______________

I. Objectives	Unsatisfactory			Satisfactory			Superior		
Patient Care									
• Takes a complete subspecialty focused history and physical examination and gathers appropriate data for presentation to consultant	1	2	3	4	5	6	7	8	9
• Written work is complete and organized in a problem-centered format	1	2	3	4	5	6	7	8	9
• Careful follow-up of patient's problems, providing assistance to the primary inpatient care team	1	2	3	4	5	6	7	8	9
• Develops own appropriate problem-based diagnostic and therapeutic plans and offers them to consultant	1	2	3	4	5	6	7	8	9
Medical Knowledge									
• Commitment to Continuing Medical Education demonstrated through daily rounds, reading and completion of portfolio, if applicable	1	2	3	4	5	6	7	8	9
• Demonstrates adequate knowledge for common inpatient and outpatient subspecialty-specific conditions	1	2	3	4	5	6	7	8	9
• Applies knowledge appropriately and effectively using systematic Bayesian reasoning	1	2	3	4	5	6	7	8	9
Interpersonal and Communication Skills									
• Caring, respectful behaviors	1	2	3	4	5	6	7	8	9
• Organized consultant-appropriate oral presentations	1	2	3	4	5	6	7	8	9
• Works well with primary team members – communicates consultant's suggestions	1	2	3	4	5	6	7	8	9
• Works and communicates effectively and collegially with nursing and ancillary staff	1	2	3	4	5	6	7	8	9
Practice-based learning and Improvement									
• Appreciates the limitations of his/her medical knowledge and asks for help when needed	1	2	3	4	5	6	7	8	9
• Independent study and learns from mistakes	1	2	3	4	5	6	7	8	9
• Responsive to constructive criticism	1	2	3	4	5	6	7	8	9
• Able to use the computerized patient database (Powerchart) effectively to obtain information	1	2	3	4	5	6	7	8	9
• Produces at least one original research article that is relevant to diagnostic or therapeutic strategies in active patients	1	2	3	4	5	6	7	8	9
Professionalism									
• Vigorous patient advocate; knows ALL the relevant facts about patients	1	2	3	4	5	6	7	8	9
• Honesty, reliability, responsibility, cooperativeness and timeliness	1	2	3	4	5	6	7	8	9
• Shows respect, compassion, and integrity in working with patients, peers and attendings, and hospital staff	1	2	3	4	5	6	7	8	9
• Follows the rules of the residency program (e.g., work hour regulations)	1	2	3	4	5	6	7	8	9
• Attends the formal educational and didactic sessions	1	2	3	4	5	6	7	8	9
Systems-based practice									
• Trainee's suggestions, during presentations, are cost-effective and demonstrate proper use of available inpatient (e.g. tests) and outpatient resources (e.g. home IV therapy, visiting nurses, hospice etc.)	1	2	3	4	5	6	7	8	9

Comments:

General

These objectives were discussed with the resident at the beginning of the rotation	☐ Yes	☐ No
The trainee has successfully achieved the above-listed objectives of this rotation.	☐ Yes	☐ No
This evaluation was discussed with the resident by the end of the rotation	☐ Yes	☐ No

Name of Attending Physician ___________________________

II. Educational Purpose of Rotation:

The purpose of the Hematology-Oncology rotation (mandatory PGY2) is to expose and instill a reasonable working knowledge and problem-solving skill-set required to optimally diagnose and care for patients with common hematologic diseases and cancers.

A) Knowledge - Trainees will learn the skills necessary to diagnose and manage common hematology and oncology problems including: lung, colon, breast, prostate and hematologic malignancies, and anemia, thrombocytopenia and coagulopathies. By use of the unique patient-disease-specific portfolio system, the trainee will be exposed to most common hematology-oncology diseases and use patient encounters to complete homework (applicable readings from the free text: Cancer Management: A Multidisciplinary Approach AND completion of the portfolio).

B) Skills: From the experiences gained during the rotation, the resident will:

1) Refine his/her skills in medical history taking especially as pertains to hematology and oncology problem-solving. He/she will master relevant review of systems and physical diagnosis, 2) Learn to prioritize tasks, 3) Use time efficiently , 4) Learn the principles of medical decision making, 5) Learn to cost-effectively order diagnostic studies and provide therapeutic interventions. 6) Perform Bone Marrow biopsies

C) Attitudes: Desirable attitudes. He/she should:

1) Assume primary responsibility for aiding primary inpatient care teams in management of patients' oncology and/or hematology problems – knowing every detail of their relevant history (including old records), physical examination, laboratories, diagnostic/therapeutic plan, 2) Access the opinions of attending physicians and consultants ONLY AFTER thinking about a case and offering best effort at synthesis and a plan, 3) Appreciate the role of and when to consult the Hematology-Oncology expert.

III. Principal Teaching Methods: Residents will learn by performing 1-2 inpatient consultations each day, presenting them to the attending consultant during rounds, followed by discussion. The resident will ALWAYS offer his/her diagnostic and therapeutic plan for correction and/or refinement by the attending physician. The resident will read articles from the syllabus (see below) that are germane/applicable to their patients' problems, then complete portfolio work as appropriate. Residents will follow-up patients on whom they've completed a consultation until resolution or discharge to understand the course of disease. Daily required conferences include:

1. Resident's Morning Report – Daily (11-12:00NN, except when required to be elsewhere AND presentation of one malignancy or core hematology case per month, coordinated with attendings and chief residents to ensure all common problems covered over the course of 12 months)

2. Hematology Oncology Attending Rounds - Daily (mornings; variable times)

3. Interdisciplinary Breast Cancer Conference – Wednesdays, 8 AM

4. Hematology Conference – Wednesdays, 9 AM

5. Tumor Board – Fridays, noon.

6. Noon conference lecture series – 4 days/week, July-September is a repeating course of core topics, while October-June includes specialty and sub-specialty lectures comprising a 2-year cycle that covers most fundamental topics for each discipline.

7. Outpatient offices – each afternoon (mandatory)

IV. Patient Characteristics – All adult patients admitted to Bridgeport Hospital with cancer and/or whose physicians request a Hematology-Oncology consultation. These patients include nearly equal numbers of men and women, ranging in age from 18 to over 100 years and of average age in the late mid 60's. Roughly 20% of patients have no insurance of Medicaid. The remaining have Medicare or private insurance. The socioeconomic demographic mirrors that of the community (20-30% poor, 70-80% middle class). Patients are admitted with a broad array of multiple and complex medical illnesses. While the majority of consultations are performed for patients admitted to the Medicine Service, roughly 10-15% come for patients with primary surgical or obstetric-gynecologic reasons for admission.

V. Procedures – If they wish, residents will have the opportunity to perform bone marrow biopsy under the instruction of attending physicians (see Institutional Procedures Credentialing Policy).

VI. References – *ALL TRAINEES MUST COMPLETE THE READINGS IN *Cancer Management: A Multidisciplinary Approach* that are relevant to complete their patient-based portfolio. The text will be provided free (from the Program Director's office, care of Dr. Folman). Computerized data-bases available throughout the hospital at every terminal: *Up-to-Date* and *MD-Consult.* All trainees are expected to use one of these or similar resources to master topics that are germane to their patients every day.

Other Resources: Harrison's, *Principles of Internal Medicine* and American Cancer Society, *Clinical Oncology*

V. Methods of Evaluation

Residents and interns are evaluated by the consulting Hematology-Oncology attending physicians with whom they work during the 4-week rotation.

All evaluations will be performed on-line, by email, using the E-value system. A resident shall not receive credit for a rotation until he has evaluated the rotation, attending and the degree to which he had opportunity to complete the objectives.

*The completed portfolio that follows will be critically evaluated and weighed heavily in completing the evaluation forms that follow. The portfolio will be kept by the resident, but will be submitted for "grading" in the last week of the rotation.

Hematology-Oncology Portfolio

(Name)

Organ: Lung

Patient Name: ______________________ Unit #: ____________

Brief History: ____

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Evidence-Based Screening for Primary Prevention:

Test: _________________________________

Evidence (citations):____

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Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: ____

Diagnosis: ____

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Staging Procedures (for each cell type if appropriate): ____________

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Treatment: (for each stage and/or cell type): ________________________

Organ: Colorectal

Patient Name: ____________________ **Unit #: ___________**

Brief History: ____

Evidence-Based Screening for Primary Prevention:

Test: ______________________________

Evidence (citations):_______________________________________

Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: ___________________________________

Diagnosis: ____

Staging Procedures (for each cell type if appropriate): ___________

Treatment: (for each stage and/or cell type): ______________________

Organ: Breast

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____

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Evidence-Based Screening for Primary Prevention:

Test: _________________________________

Evidence (citations):____

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Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: _______________________________________

Diagnosis: ____

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Staging Procedures (for each cell type if appropriate): ____________

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Treatment: (for each stage and/or cell type): ________________________

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Organ: Prostate

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____
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Evidence-Based Screening for Primary Prevention:

Test: _________________________________

Evidence (citations):____
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Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: ____

Diagnosis: ____
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Staging Procedures (for each cell type if appropriate): ____________
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Treatment: (for each stage and/or cell type): ________________________
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Organ:

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____
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Evidence-Based Screening for Primary Prevention:
Test: _________________________________
Evidence (citations):____
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Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: _______________________________________

Diagnosis: ____
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Staging Procedures (for each cell type if appropriate): ____________
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Treatment: (for each stage and/or cell type): ________________________
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Organ:

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____

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Evidence-Based Screening for Primary Prevention:

Test: _________________________________

Evidence (citations):____

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Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: ____

Diagnosis: ____

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Staging Procedures (for each cell type if appropriate): ____________

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Treatment: (for each stage and/or cell type): ________________________

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Organ:

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____

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Evidence-Based Screening for Primary Prevention:

Test: _________________________________

Evidence (citations):____

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Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: ____

Diagnosis: ____

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Treatment: (for each stage and/or cell type): ___________________

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Prognosis: (for each stage and/or cell type): _________________________

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References:

Oncology Topics:

Pain Management

Basic Concepts in Chemotherapy

Hematology

Approach to the patient with anemia

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____
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Pertinent history and physical for anemia:_______________________________
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Diagnostic approach: ____
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Management (by anemia type):

Hematology

Approach to the Bleeding Patient/Disseminated Intravascular Coagulation

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____

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Pertinent history and physical for the bleeding patients:_________________

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Diagnostic approach: ____

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Management:

Hematology

Disseminated intravascular coagulation

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____
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Pertinent history and physical for DIC:_______________________________
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Causes of DIC: ____
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Diagnostic approach: ____
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Management:

Bleeding DIC

Clotting DIC

Hematology

Thrombocytopenia

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____
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Pertinent history:____
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Diagnostic approach: ____
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Management (by anemia type):

Hematology

Hypercoagulable States

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____
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Pertinent history and physical:____
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Cause and Clinical Associations:______________________________________
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Diagnostic approach: ____
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Management:

Lymphoma

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____

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Evidence-Based Screening for Primary Prevention:

Test: _________________________________

Evidence (citations):____

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Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: ____

Diagnosis: ____

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Staging Procedures (for each cell type if appropriate): ______________

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Prognosis: (for each stage and/or cell type): __________________________

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Leukemias

Patient Name: ______________________ **Unit #:** ____________

Brief History: ____

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Evidence-Based Screening for Primary Prevention:

Test: _________________________________

Evidence (citations):____

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Risk Factors: ____

Cell Types: ____

Commonly Metastasizes to: ____

Diagnosis: ____

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Staging Procedures (for each cell type if appropriate): ____________

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Prognosis: (for each stage and/or cell type): _________________________

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EVALUATION OF ATTENDING PHYSICIAN

Attending Physician: ______________________ Service/Rotation: ______________________

Evaluator: ______________________ Month/Year: ______________________

For each of the following criteria, please rate (√) the attending physician whose rotation you have just completed.

Availability:	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Was prompt	◻	◻	◻	◻	◻
• Adhered to rounds and consult schedules	◻	◻	◻	◻	◻
• Kept interruptions to a minimum	◻	◻	◻	◻	◻
• Spent enough time on rounds; was unhurried	◻	◻	◻	◻	◻
• Encouraged active housestaff participation	◻	◻	◻	◻	◻

Comments: ____

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Teaching:	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Stated goals clearly and concisely	◻	◻	◻	◻	◻
• Kept discussions focused on case or topic	◻	◻	◻	◻	◻
• Asked questions in non-threatening way	◻	◻	◻	◻	◻
• Used bedside teaching to demonstrate history-taking and physical skills	◻	◻	◻	◻	◻
• Emphasized problem-solving, (thought processes leading to decisions)	◻	◻	◻	◻	◻
• Integrated social/ethical aspects of medicine	◻	◻	◻	◻	◻
• Stimulated team members to read, research, and review pertinent topics	◻	◻	◻	◻	◻
• Accommodated teaching to actively incorporate all members of team	◻	◻	◻	◻	◻
• Provided special help as needed to team members	◻	◻	◻	◻	◻

Comments: ____

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Patient Care and Professionalism:	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Placed the patient's interests first	◻	◻	◻	◻	◻
• Displayed sensitive, caring, respectful attitude toward patients	◻	◻	◻	◻	◻
• Established rapport with team members	◻	◻	◻	◻	◻
• Showed respect for residents	◻	◻	◻	◻	◻
• Served as a role model	◻	◻	◻	◻	◻
• Was enthusiastic and stimulating	◻	◻	◻	◻	◻
• Demonstrated gender sensitivity	◻	◻	◻	◻	◻
• Recognized own limitations; was appropriately self-critical	◻	◻	◻	◻	◻
• Encouraged housestaff to bring up problems	◻	◻	◻	◻	◻

Comments: ____

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Medical Knowledge:	**Not Observed**	**Marginal**	**Satisfactory**	**Very Good**	**Excellent**
• Demonstrated broad knowledge of medicine	☐	☐	☐	☐	☐
• Was up-to-date	☐	☐	☐	☐	☐
• Identified important elements in case analysis	☐	☐	☐	☐	☐
• Used relevant medical/scientific literature in supporting clinical advice	☐	☐	☐	☐	☐
• Discussed pertinent aspects of population and evidence-based medicine	☐	☐	☐	☐	☐

Comments: ____

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Practice-Based Learning and Improvement:	**Not Observed**	**Marginal**	**Satisfactory**	**Very Good**	**Excellent**
• Explicitly encouraged further learning	☐	☐	☐	☐	☐
• Motivated residents to self-learn	☐	☐	☐	☐	☐
• Evaluated residents ability to analyze or synthesize knowledge	☐	☐	☐	☐	☐

Comments: ____

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System-Based Practice:	**Not Observed**	**Marginal**	**Satisfactory**	**Very Good**	**Excellent**
• Reviewed expectations of each team member at beginning of rotation	☐	☐	☐	☐	☐
• Provided useful feedback including constructive criticism to team members	☐	☐	☐	☐	☐
• Balanced service responsibilities and teaching functions	☐	☐	☐	☐	☐

Comments: ____

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Recommendations:	**Yes**	**No**
• Would you recommend that this faculty member continue to serve as an attending physician for the training program?	☐	☐
• To further enhance professional development, would you recommend that this faculty member receive formal training in teaching and faculty education?	☐	☐

Overall Comments: ____

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FACULTY

Robert Folman, MD
David Witt, MD
Nicholas Dainiak, MD
Pasquale Perillie, MD
Glen Reznikoff, MD
Jerry Malefatto, MD
Laurie Harrold, MD
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