Department of Medicine

Internal Medicine Residency Program Rotation Curriculum

I. Rotation Sites and Supervision

Rotation Name: HEMATOLOGY/ONCOLOGY CONSULT

ROTATION Site: Long Beach Memorial

Site Director: Angelica Nguyen, MD Participating faculty: Nilesh Vora, MD

Milan Sheth, MD Jonathan Blitzer, MD Mark Ngo, MD Eric Chung, MD

II. Educational purpose or rational for this rotation

The education purpose of this elective is to provide clinical experience to common problems in hematology and oncology by direct contact with patients. In addition, the resident will be able to develop the skill as a clinician and teacher by interacting with other residents, fellows, and faculty. At the end of the rotation, the resident will be able to learn the essential knowledge in evaluating, diagnosing, and managing patients with hematologic and oncologic problems, including those related to anemia, coagulation, lymphomas, leukemias and certain solid tumors, and hematologic and oncologic emergencies. The emphasis will be place on establishing the rapport with patients, logical approach for differential diagnosis, planning the management according to evidence-based medicine for each clinical situation and condition.

The resident will participate in rounds on the inpatient consultation service, perform consultations for selected inpatients under the supervision of the attending physician, and see patients in the outpatient setting in the attending private clinics.

The resident will also attend hematology/oncology core conferences including Journal Club, Morbidity and Mortality report, adult/breast tumor board, chief's rounds, GYN Oncology tumor board, head & neck tumor board, brain tumor board, and fellowship program didactic conferences.

III. The principle teaching methods for this rotation

The principle teaching methods include direct faculty observation of patient care with 1-on-1 interaction for the resident, problem-oriented discussion, review of pertinent literature and preparation

of materials for didactic teaching, faculty supervision of discussion and critique, advanced reading assignment from appropriate texts and literature.

IV. Responsibilities of each of the participant on this residency rotation

- Medical Resident: Patient care under the direction of the attending physician; case presentation; review of relevant literature and preparation of mini-didactic teaching modules
- Attending: Supervision of students, residents and fellows; ongoing instruction related to patient care; didactic teaching; evaluation of each student and house staff for their strength and weakness, and support for their academic advance and clinical skill

Competency-based Objectives for the Hematology-Oncology Consult Service Rotation

Educational Objectives for PGY1 Residents

The PGY1 Resident

- 1. Will be able to conduct a competent exam of the lymphatic system, including the spleen.
- 2. Will be competent to take a history with regard to risk factors for malignancy in the lung, liver, gastrointestinal system, skin, breast, and genitourinary system.
- 3. Will be competent to initiate an appropriate evaluation for the solitary pulmonary nodule, gastrointestinal bleeding, adenocarcinoma of unknown origin, and suspicious skin lesions.
- 4. Will be competent to evaluate and treat anemia.

The Senior Resident

- 1. Will be able to conduct a competent exam of the lymphatic system, including the spleen.
- 2. Will be competent to take a history with regard to risk factors for malignancy in the lung, liver, gastrointestinal system, skin, breast, and genitourinary system.
- 3. Will be competent to initiate an appropriate evaluation for the solitary pulmonary nodule, gastrointestinal bleeding, adenocarcinoma of unknown origin, and suspicious skin lesions.
- 4. Will be competent to evaluate and treat anemia.
- 5. Will be competent to diagnose diseases of the blood, marrow, and lymphatic system including multiple myeloma, hemaglobinopathies, acute and chronic leukemias.
- 6. Will be competent to diagnosis solid tumors with special emphasis on diseases of the colon, breast, lung, ovaries and testicles.
- 7. Will demonstrate knowledge of appropriate screening strategies with emphasis on patients with both normal risk and high risk, including those with occupational or environmental exposures, genetic risk factors, and familial syndromes.
- 8. Will demonstrate the ability to counsel patients on basic genetic risks for breast and colon cancer.

Competencies by Level of Training for the Hematology Oncology Consultation and Ambulatory Service Rotation

The resident at each level will demonstrate these appropriate levels of competence on the hematology and oncology consult service.

Patient Care	PGY1	PGY2	PGY3
Complete medical data base (H&P) relevant to this hematology oncology and good patient care overall. Special emphasis will be placed upon the understanding of anemia, blood dyscrasias, abnormalities of clotting and platelets, evaluation of lung masses, management of colon masses, evaluation and management of liver masses, and diagnosis of hematologic and lymphatic malignancy.	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Diagnostic decision making based upon the best evidence	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Involving patients in decisions about their care. Special attention on questions of prognosis and management, with subtle interpretation of the literature necessary to define prognosis and the outcome based on appropriate clinical trials.	Most of the time	All of the time	
Working with other health care professionals to ensure the best care	All of the time to manage consensus and ensure that patients receive coordinated and humanistic care		
Teaching patients and families with special emphasis on the chronic nature of most treatment for malignancy and chronic hematologic diseases	Most of the time	All of the time	
Patient triage and evaluation of severity	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Response to emergencies	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Commitment to wellness, screening & prevention with special emphasis on screening for breast and colon cancer as well as second malignancies and other sequelae in patients previously treated for cancer.	Most of the time	All of the time	
Identification & intervention in psycho-social issues, including domestic violence & depression	Most of the time	All of the time	

Practice-based Learning	PGY1	PGY2	PGY3
Take advantage of patient care to read & learn	Consistently		
Use of medical information resources &	Consistently		
search tools and applies these to the diagnosis			
and treatment of malignancy. Aware of and			
uses data bases uniquely suited to oncology			
Inspiring others to use Evidence-based	Basic understanding	Consistently	
resources and make EBM-based decisions			
Applying critical appraisal techniques	Basic understanding	Consistently	
consistently to patient resources I use for			

patient care			
Interpersonal & Communication	PGY1	PGY2	PGY3
Skills			
Create personal relationships with each	Most of the time	All of the time	
patient by appropriately engaging them at			
each encounter			
Use of verbal & non-verbal facilitation	Most of the time	All of the time	
Consistently demonstrate appropriate	All of the time		
empathy & good listening skills			
Respectful communication with colleagues &	All of the time		
other professionals, especially in the context			
of difficult discussions centered around			
prognosis and palliative care.			
Involve patients & families in discussions	Most of the time	All of the time	
about care. Patient education.			
I go out of my way to ensure the best possible	All of the time		
care.			
Enlist patients & families in health care	Most of the time		
decisions, including their feedback			
My ability to accept & integrate feedback	All of the time		
from faculty & peers			
Can say: I always sit down at the bedside to	All of the time		
speak with my patients.			
	DCV1	DCV2	DCV2
Professionalism	PGY1	PGY3	PGY3
Altruism: patients needs above their own	Most of the time	Most of the time	Most of the time
Confidentiality (including HIPAA)	All of the time		
Ethical behavior especially with regard to the	All of the time		
complex social and professional issues			
surrounding the treatment of malignant			
diseases.			
Commitment to excellence	All of the time		
Sensitivity to age, gender, gender-preference,	Most of the time	All of the time	
ethnicity, culture & disability			
Awareness of duty hours, fatigue in myself &	All of the time	Always aware of these issues in others and	
others, & other outside stresses, including		competently manages interactions in peers and	
substance abuse & finances	A 11 C .1	junior colleagues	
Commitment to education & to learning	All of the time		Accelerated
Personal insight & self-reflection	Most of the time	All of the time	
Completion of assignments	All of the time		
Timely response to pages	All of the time		
Timely completion of medical records	All of the time		
Conference attendance	Meets requirements		

Systems-based Practice	PGY1	PGY2	PGY3
Cost-effectiveness	Generally aware	Integrates into all plans	
Use of outside resources	Generally aware	Integrates into all	

Consistently well

presented

Developing

Hand-offs and sign-outs

Leadership skills

Consistently of the

Consistent

highest quality

Consistent

		plans	
Use of case-management especially in the complicated and specific context of the care	Generally aware	Integrates into all plans	
of the patient with malignancy or other		r	
chronic disease.			
Attention to quality, safety, and process	Generally aware	Integrates into all	Makes these a top
improvement		plans	priority in all areas
Systems-based Practice (continued)	PGY1	PG2	PGY3
Identification of systems issues that affect	Developing	Consistently	Consistently
patient care			
Use of the incident reporting systems to	Developing	Consistently	Consistently
identify systems issues			
Understanding of the business of medicine,	Developing	Generally aware	Sophisticated
health care systems, & public policy		-	understanding

Teaching Skills	PGY1	PGY2	PGY3
Commitment to teaching of colleagues and patients	Generally aware; expresses importance	Strong commitment and consistent performance under the guidance of experienced oncology faculty	
Use of the microskills of teaching	Developing	Skilled	Skilled
Understanding of the teachable moment	Developing	Skilled	Skilled
Patience with learners	Developing	Skilled	Skilled
Conference presentation	Developing	Basic	Skilled
Patient education & adherence	Basic	Clearly competent	

Organization Skills	PGY1	PGY2	PGY3
Patient care organization systems & practice	Uses systems	Fully integrated; multi-tasks easily	
Ability to prioritize personal issues in accord with personal values & priorities (Get my life in order)	Basic understanding	Consistent focus	
Ability to help others get organized		Advisor	Educator
Organizing for study, reading, & life-long learning	Conscious of necessity	Competent & committed	
Organizing teams to include & prioritize learning & teaching		Competent & committed	
Organizing to obtain & prepare for careers or fellowships	Aware	Competent	

V. Core suggested Reading for this rotation

- Relevant Chapters in Cancer, Principles & Practice of Oncology (6th edition) by Vincent T. DeVita, Jr et al
- Relevant Chapters in *Williams Hematology* (6th edition) by Ernest Beutler et al
- Recent literature for pertinent medical problem for the particular case, as directed by attending physician.

Recommended Readings for this Rotation

Basic Recommended Readings for this rotation come from <u>Current Medical Diagnosis and Treatment</u>, 2009. Access these readings at

http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

http://www.accessmedicine.com/guidelines.aspx?type=1

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1

Chapters of specific relevance for this rotation are

Chapter 13 Blood Disorders [Revised April 2009]

Chapter 14 Disorders of Hemostasis, Thrombosis, & Antithrombotic Therapy [Revised April 2009]

Chapter 39 Cancer

VI. Key physical diagnosis skills which should be reviewed during this rotation

- Physical diagnosis of anemia, coagulation disorders and typical manifestations of certain hematologic disorders
- Physical diagnosis of malignant tumors, and typical manifestations of certain cancer
- Physical diagnosis of various complications related to the treatment for hematologic disorders and cancer

VII. Key procedures which the resident should be able to perform

- Preparation of blood smear
- Bone marrow aspiration and biopsy with the understanding for indication of specialized tests such as cytogenetics, molecular genetics, flow cytometry
- Thoracentesis, paracentesis, lumbar puncture, and access to Ommaya's reservoir
- FNA of lymph nodes and tumor mass

VIII. Key tests or procedures which the resident should be able to understand the indications for and to interpret

- Peripheral smear, with special emphasis for iron deficiency anemia, autoimmune hemolytic anemia, megaloblastic anemia, myelodysplastic syndrome, hemoglobinopathy, acute and chronic leukemias, thrombocytopenia
- Bone marrow aspiration and biopsy for normal and pathologic slides, and iron staining

IX. The most important diseases or conditions which the resident should see and understand during this rotation

 Non-neoplastic hematology: anemia of various causes, thrombocytopenic disorders, bleeding disorders, thrombotic disorders

- Hematologic malignancy: myeloproliferative disorders, myelodysplastic syndromes, leukemias (chronic and acute), and lymphomas, multiple myeloma
- Solid tumor oncology: cancer of the breast, colon, lung, prostrate, testicular, ovarian, head& neck, pancreatic, esophageal, gastric, renal, liver, and skin

X. Evaluation Methods

Faculty will observe the performance of the resident during the rotation and evaluate it, using the standard "Internal Medicine Resident Evaluation Form", at the end of each block rotation. The "Evaluation Form for the Resident" will be submitted to the Residency Program for the review by the Program Director and the Residency Oversight Committee.

Also, the resident will complete the evaluation of attending faculty, supervising fellows, and Hematology/Oncology rotation program itself. The "Evaluation Form for the Rotation and Faculty" will be submitted to the Residency Program for the review by the Program Director and the Curriculum Committee. Summarized version of the evaluation by residents for the rotation and faculty will be distributed to the entire teaching faculty for their information.

XI. Core Educational Topics and Venues for this Discipline As determined by the attending.

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