

COMMUNITY BASED Hematology/Oncology Outpatient Elective Curriculum

Educational Purpose and Goals:

- Observe and understand the etiology, epidemiology, screening and diagnosis, staging, molecular genetics, pathophysiology, clinical presentation, natural history, and standard treatment options of the most common malignancies and benign hematologic disorders in the United States.
- Understand the short and long-term side effects of treatment of patients with cancer and the acute management of these side effects in the inpatient hospital setting
- Clearly identify the most common hematologic and oncologic medical emergencies and paraneoplastic conditions and demonstrate competency in instituting appropriate emergent, urgent and follow-up medical interventions for them.
- Understand the social, quality of life, and educational issues inherent in the management of patients with cancer and life-long hematologic disorders (ie: sickle cell anemia)
- Understand and utilize the palliative care approach to terminal illness, including appropriate services, such as the Palliative Care Team, Social Services/Case Management team
- Understand the availability and appropriate indications for clinical research in the cancer and benign hematology patient population

The outpatient rotation begins on the first non-weekend day of the month. Residents are expected to attend 10 clinic sessions/week, including their continuity clinic. Elective clinics are structured to provide maximal exposure to the disease subspecialties in the field of hematology and oncology. Residents are expected to perform independent history and physical exam taking, present the case to the clinic attending and then discuss the case in detail. The resident and attending will return to the patient encounter and deliver the pertinent information and management. Residents may be the discussant with the patient regarding the recommendations and follow-up depending on their comfort level with the information and the nature of individual patient encounter.

Outpatient Clinics

Residents will continue to participate in their outpatient clinics. Schedules for these clinics will be determined by the Department of Medicine/Continuity Clinic Leaders.

Rotation Specific Competency Objectives

A. Patient Care

1. History taking. PGY 1-3s will collect a thorough history by soliciting patient information and by consulting other sources of primary data in a logical and organized fashion. History taking will be hypothesis driven. Interviewing will adapt to the time available, use appropriate nonverbal techniques, and demonstrate consideration for the patient. The resident will inquire about the emotional aspects of the patient's experience while demonstrating flexibility based on patient need.
2. Physical Exam. The PGY1-3s will perform a comprehensive physical exam, describing the physiological and anatomical basis for normal and abnormal findings.
3. Charting. PGY1-3s will record data in a thorough, systematic manner.
4. Procedures.
 - a. The PGY-1-3 residents will demonstrate knowledge of: procedural indications, contraindications, necessary equipment, specimen handling, patient after-care, and risk and discomfort minimization. They will correctly identify the meaning of test results.
5. Medical Decision Making, Clinical Judgment, and Management Plans. All residents will demonstrate improving skills in assimilating information that they have gathered from the history and physical exam.
 - a. PGY1-3 residents will be able to identify patient problems and develop a prioritized differential diagnosis appropriate to the hematology/oncology patient. Abnormal findings will be interrelated with altered physiology. Specific organ dysfunction will be anticipated based on known side effects of therapy, with assistance from the fellow and attending in learning and integrated the potential toxicities of therapeutics in the hem/onc setting.
 - b. PGY-1-3 residents will also regularly integrate medical facts and clinical data while weighing alternatives and keeping in mind patient preference. They will regularly incorporate consideration of risks and benefits when considering testing and therapies. They will present up-to-date scientific evidence to support their hypotheses.

6. Patient counseling

- a. PGY1-3 residents will begin to be able to describe the rationale for a chosen therapy and will be able to describe medication side effects in lay terms. They will assess patient understanding and provide more information when necessary.

B. Medical Knowledge

1. PGY-1-3 Residents will consistently apply current concepts in the basic sciences to clinical problem solving. They will use information from the literature and other sources including electronic databases. PGY-2 residents will demonstrate satisfactory knowledge of common hematologic and oncologic conditions.
2. PGY-1-3 residents in addition to the above will demonstrate appropriate habits to stay current with new medical knowledge

C. Interpersonal and Communication Skills

1. PGY-1-3 residents will develop and refine their individual style when communicating with patients. They will exhibit listening skills appropriate to patient-centered interviewing and communication. Residents will recognize verbal and nonverbal cues from patients.
2. PGY-1-3 residents will demonstrate the importance of communicating with patients concerning end-of-life decisions

D. Professionalism

All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supercedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. Residents will demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent. Residents are expected to show sensitivity and responsiveness to patients' culture, age, gender and disabilities.

E. Practice Based Learning and Improvement

1. PGY-1-3 residents will use hospital and University library resources to critically appraise medical

literature and apply evidence to patient care. They will use hand-held computers, desktop PC's and Internet electronic references to support patient care and self-education.

2. PGY-1-3 residents will in addition consistently seek out and analyze data on practice experience, identify areas for improvement in knowledge or patient care performance and make appropriate adjustments. They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual practice.
3. PGY-1-3 residents will begin to model independent learning and development.

F. Systems Based Practice

1. PGY-1-3 residents will be sensitive to health care costs while striving to provide quality care.
2. PGY-1-3 residents will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines.
3. PGY1-3 residents, in addition to the above, will understand the need to enlist social and other out-of-hospital resources to assist patients with therapeutic plans.

Evaluations

Evaluation of the Residents by Faculty/Teaching Staff

Evaluation of the resident's clinical competence, professionalism, fund of knowledge and progress in these areas is conducted by the teaching staff throughout the rotation. Constructive feedback is provided throughout the rotation to help them in their progress. At the end of the rotation, formal evaluation is conducted using the Department of Medicine standardized evaluation system. The content of these evaluations are made available to the residents in summary form at scheduled review time points during their internal medicine residency.

Evaluation of the Faculty/Teaching Staff by the Residents

Residents complete an evaluation of the elective at the end of each rotation.